

Inspection Report

13 January 2022



Gortacharn

Type of service: Residential Care Home
Address: 21 Nutfield Road, Lisnaskea, BT92 0LB
Telephone number: 028 6772 1030

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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: Gortacharn Registered Persons: Mr Richard James Trimble Mrs Robena Heather Trimble	Registered Manager: Mrs Beena Joseph Date registered: 26 March 2020
Person in charge at the time of inspection: Mrs Fiona Boyd, Senior care assistant	Number of registered places: 15
Categories of care: Residential Care (RC) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	Number of residents accommodated in the residential care home on the day of this inspection: 13
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 15 residents. Each resident has their own bedroom with ensuite bathroom and residents also have access to communal areas with safe outside spaces. There is a Nursing Home located in the same building and the registered manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 13 January 2022 from 10.05 am to 3pm. The inspection was carried out by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was warm and bedrooms were tastefully personalised. Staffing arrangements were found to be safe and adjusted if required. We observed that staff were professional and polite as they completed their duties and they told us they were supported in their roles by the manager.

Residents were seen to be well cared for and said that living in the home was a good experience. There was clear evidence of attention to personal care and dressing and additional assistance and support was provided where this was required, in a compassionate manner.

The feedback from residents confirmed that they were satisfied with the care and service provided in Gortacharn.

One area requiring improvement was identified in relation to the environment.

RQIA were assured that the delivery of care and services provided in Gortacharn was safe, effective, and compassionate and that the service was well led.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 quality improvement plan, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

4.0 What people told us about the service

We met with 13 residents and four staff either individually or in small groups.

Residents told us that they felt safe and well cared for. They described the staff as being very good, kind, respectful and attentive. Residents stated that they enjoyed the food and there was always a choice of food available. Residents commented that the care delivery was to a high standard and that there were lots of activities available in the home. Comments included: "The food is lovely; we get plenty of it. We do quizzes and have music in the afternoons" and "I can't speak highly enough of the staff. They are very kind and I feel very safe in here."

Staff spoke positively about working in the home and advised there was good team work within the home. Discussion with the staff confirmed that they were knowledgeable in relation to the needs of the residents. Staff said that the manager was very approachable and that they felt well supported in their role. Comments included: "There is enough staff on duty every day, there is good teamwork and we all help each other out. If someone phones in sick; we will cover each other's shifts. We all get on well in here."

Ten completed questionnaires were returned to RQIA from residents and relatives within the required timeframe. All of these responses were positive and indicated that residents were satisfied with the care provision in the home.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Gortacharn Residential Care Home was undertaken on 12 October 2020 by a care inspector

Areas for improvement from the last inspection on 12 October 2020		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for Improvement 1 Ref: Standard 25.3 and 25.6 Stated: First time	The registered person shall ensure that the duty rota reflects : <ul style="list-style-type: none"> • the grades of all staff working in the home • the person in charge of the home in the absence of the manager is clearly identified. 	Met
	Action taken as confirmed during the inspection: A review of the staff duty rota confirmed that it reflected the grades of staff and identified the person in charge in the absence of the manager.	

Area for improvement 2 Ref: Standard 20.15 Stated: First time	The registered person shall ensure that RQIA are informed of any event in the home which affects the care, wellbeing or safety of any resident.	Met
	Action taken as confirmed during the inspection: A review of the records of accidents and incidents confirmed these were appropriately managed and reported.	

5.2 Inspection findings

There were systems in place to ensure staff were trained and supported to do their job. There was information in place to verify that staff received regular supervision and appraisal. In addition staff received training in a range of topics including moving and handling, fire safety and adult safeguarding. There was also evidence of additional training being provided where this was required.

Appropriate checks had been made to ensure that all staff maintained their registration with the Northern Ireland Social Care Council (NISCC) and the manager had oversight of this.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the residents. The staff told us that the number of staff on duty was regularly reviewed to ensure that the needs of the residents were met.

Competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty.

Staff said teamwork was good and that the manager was approachable. Staff were seen to attend to residents' needs in a timely manner and to maintain residents' dignity by offering personal care discreetly. Residents were offered choices throughout the day, for example, where and how they wished to spend their time and what activity they wished to engage in.

Residents said that they felt safe in the home and that staff were always available and were kind to them.

5.2.2 Care Delivery and Record Keeping

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner and by offering personal care to residents discreetly. This was good practice.

Staff were knowledgeable of residents' needs, their daily routines, and their likes and dislikes. We observed staff to be prompt in recognising residents' needs and any early signs of request for assistance.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs. Staff interactions with residents were observed to be friendly, polite, warm and supportive. Staff were seen to seek residents' consent when delivering care. We observed residents able to walk around freely and light music was playing in the background. Examination of records and discussion with the staff confirmed that the risk of falling and falls were well managed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. During the lunchtime meal the atmosphere was calm, relaxed and unhurried. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Staff spoken with were aware of the residents' nutritional needs and provided assistance and support as needed.

There was choice of meals being offered; the food was attractively presented and smelled appetising, and good portions were provided. Residents told us they very much enjoyed the food provided in the home. The daily menu was displayed for residents. Appropriate supervision and support was readily available from staff.

Care records were accurately maintained to help ensure that staff had an accurate understanding of residents' nutritional needs. There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

Residents' needs were assessed at the time of their pre admission to the home. Following admission care plans were developed in consultation with the resident, their next of kin and their aligned named worker to direct staff on how to meet residents' needs. In addition, any advice or directions by other healthcare professionals was included in the assessment and care plans. Residents' care records were held safely and confidentially.

Residents' individual likes and preferences were reflected throughout the records. Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Residents commented positively on the care delivery in the home and praised the meal provision. Residents said they felt well looked after and that staff were helpful and friendly.

Staff reported that the care provided to the residents was of a high standard and they were always involved in their care.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was observed to be warm and a good standard of décor was maintained. Residents' bedrooms were personalised with items that were important to them such as family photographs and ornaments. Communal lounges and dining rooms were welcoming and relaxing spaces for residents. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

We did observe some issues in relation to the environment namely; the sluice room door was unsecured for a long period of time, an odour was identified in an ensuite bathroom; the flooring was stained in three identified areas and the bedframe in one bedroom was damaged.

These matters were discussed with the person in charge of the home and were identified as an area for improvement.

Fire exits and corridors were observed to be clear of clutter and obstruction. The home's most recent fire safety risk assessment was completed in February 2021. Any areas for improvement identified within this assessment were signed off as being addressed.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases, for example, the home participated in the regional testing arrangements for residents and staff.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Patients

The atmosphere in the home was homely and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. It was observed that staff offered choices to residents throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time.

Staff were seen to be attentive to residents needs including their social well-being. A programme of activities was in place which mostly involved one to one time with residents or in small groups. We observed some residents engaged in puzzles, while others were reading their paper and watching television. The residents' commended the musical entertainment which is provided in the home by the staff. We observed staff encouraging all residents to take part in activities.

The genre of music and choice of television programmes played in the home was appropriate to residents' preferences and this helped create the nice atmosphere in the home.

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

Residents made the following comments; "I am well cared for in here" and "I am happy enough in here."

5.2.5 Management and Governance Arrangements

There was no change in the management arrangements since the last inspection; Mrs Beena Joseph is the registered manager of this home.

Staff were aware of who the manager of the home was and demonstrated their understanding of their own roles and responsibilities in the home and of reporting any concerns about resident care or staffs' practices. Staff commented positively about the manager and described her as approachable and accessible.

Review of the home's record of complaints confirmed that these were well managed. The manager confirmed that the outcome of complaints is used as a learning opportunity to improve practices and/or the quality of services provided by the home.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

The home was visited by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes' Minimum Standards (August 2011)**

	Regulations	Standards
Total number of Areas for Improvement	0	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Fiona Boyd, Senior care assistant, 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 Residential Care Homes Minimum Standards (August 2011)	
<p>Area for improvement 1</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2022</p>	<p>The registered person shall ensure the following environmental matters are attended to:</p> <ul style="list-style-type: none"> • the sluice room door should be secured; • the odour should be addressed in an identified ensuite bathroom; • the stained flooring in three identified areas should be repaired/replaced; • the damaged bedframe in one bedroom should be addressed. <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>All staff made aware that the importance of keeping the sluice room door closed and secured all the time. Person in charge will be monitoring this closely on a daily basis.</p> <p>The ordour in the identified ensuite bathroom was addressed staright after inspection and it is ordour free at present.</p> <p>The home got a trades man in to look at the identified stained floors and plan in place to address the same.</p> <p>The damaged bed frame was removed and replaced .</p>

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The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

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