



# Unannounced Care Inspection Report 20 January 2020



## Gortacharn

**Type of Service: Residential Care Home**  
**Address: 21 Nutfield Road, Lisnaskea BT92 0LB**  
**Tel No: 02867721030**  
**Inspector: Gerry Colgan**

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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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to 15 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Gortacharn  <b>Responsible Individuals:</b> Richard James Trimble Robena Heather Trimble	<b>Registered Manager and date registered:</b> Jill Trimble 11 May 2018
<b>Person in charge at the time of inspection:</b> Beena Joseph Deputy Manager	<b>Number of registered places:</b> 15
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category PH - Physical disability other than sensory impairment	<b>Total number of residents in the residential care home on the day of this inspection:</b> 15

### 4.0 Inspection summary

An unannounced inspection took place on 20 January 2020 from 09.00 hours to 15.30 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards 2011.

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.

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management, the home's environment. We identified good practice in record keeping, audits and reviews, and communication between patients, staff and other key stakeholders. There were further examples of good practice found 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. There were robust governance arrangements in place for the management of complaints and incidents, quality improvement and maintaining good working relationships.

An area requiring improvement was identified in relation to the repair of a tiled wall which could not be effectively cleaned.

Residents were seen to be relaxed and comfortable in their surroundings and in their interactions with staff and described living in the home in positive terms.

Comments received from residents 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, enhance practice and residents' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Beena Joseph, deputy 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 25 April 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 25 April 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 residents, 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 residents and those who visit them the opportunity to contact us after the inspection with views of the home. Ten questionnaires were returned on the day of inspection. A poster was provided for staff detailing how they could complete an electronic questionnaire.

During the inspection a sample of records was examined which included:

- staff duty rotas from 13 January 2020 to 2 February 2020
- staff training schedule/ matrix
- one staff induction record
- two staff competency and capability records
- four residents' records of care
- complaints and compliments records
- accident/incident records from 25 April 2019
- a sample of reports of visits by the registered provider
- minutes of staff meetings
- RQIA registration certificate
- fire safety risk assessment.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 last care inspection dated 25 April 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 30 <b>Stated:</b> First time	The registered person shall ensure notifiable events are reported to RQIA appropriately as listed under the regulation.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of all recorded accidents and incidents since the previous inspection confirmed that notifiable events were reported to RQIA appropriately as listed under the regulation.	

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 25.8 <b>Stated:</b> First time	The registered person shall ensure staff meetings take place on a regular basis and at least quarterly.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of documentation confirmed that staff meetings are held every three months and minutes were available at inspection.	

## 6.2 Inspection findings

### 6.3 Is care safe?

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

Staff were spoken with in relation to the staffing levels for the home. No concerns were raised regarding staffing levels during discussion. A review of the duty rota from 13 January 2020 to 2 February 2020 confirmed that it accurately reflected the staff working within the home. The manager confirmed the rota was subject to regular review to ensure the assessed needs of the residents were met.

Two completed induction records were reviewed; discussion with staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. A personnel file for a recently recruited member of staff was reviewed and found to be satisfactory.

Discussion with the manager, staff and a review of records maintained in the home confirmed that mandatory training was regularly provided and updated for staff. Staff spoken with confirmed there was regular supervision and appraisals were completed annually.

Competency and capability assessments were undertaken for any person who was given the responsibility of being in charge of the home for any period in the absence of the manager. A sample of two staff competency and capability assessments was reviewed and found to be satisfactory.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The home's adult safeguarding policy was viewed during a previous inspection and was consistent with the current regional policy and procedures. The necessity to complete an annual safeguarding position report from 1 April 2018 to 31 March 2019 was discussed with the registered manager; this shall be followed up at a future inspection. Systems were in place to collate the information required for the annual adult safeguarding position report.



Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the staff and the deputy manager, confirmed that the policies and procedures were embedded into practice.

It was noted that the main entrance was protected by keypad entry and exit. Residents spoken with said they were told the code but couldn't remember it. This was discussed with the deputy manager in relation to restrictive practice. The deputy manager ensured that the code was displayed at the keypad during inspection.

Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), such as disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures. Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. The manager reported that there had been no outbreaks of infection within the last year.

The residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. A vertical crack was noted in an identified toilet which ran almost the entire length of the tiled wall. This would make it difficult for the area to be adequately cleaned. An area for improvement was made under the standards.

The home had an up to date fire risk assessment in place. Review of staff training records confirmed that staff completed fire safety training twice annually. Practice fire drills were completed on a regular basis. During the inspection all exits were clear with no obvious risks observed.

### **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 area was identified for improvement in relation to the repair of a tiled wall which could not be effectively cleaned.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	1

## 6.4 Is care effective?

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

Discussion with the staff and observation of practice established that staff in the home responded appropriately to and met the assessed needs of the residents.

Review of residents' records maintained in the home showed residents' consent was reflected with regard to holding personal records and allowing relevant professionals to view same. A review of four care records confirmed that they included an up to date assessment of needs, risk assessments, care plans, and daily/regular statement of health and well-being of the resident. Care needs assessment and care plans were reviewed and updated on a monthly basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. Activities and outings are planned according to the wishes and interests of residents. Staff advised that residents are encouraged to maintain links with the local community.

A varied and nutritious diet was provided to meet the dietary needs and preferences of the residents. Discussion with staff and review of information in the home showed systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SLT) as required. Guidance and recommendations provided by dietitians and SLT were reflected within the individual residents' care plans and associated risk assessments. Discussion with staff confirmed they were aware of the specific dietary needs of residents and how to access relevant dietary information.

The manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Care records were reviewed monthly or more frequently if required. Further evidence of audit was contained within the reports of the visits by the registered provider and the annual quality review report.

The manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, monthly residents' meetings, staff meetings and staff shift handovers. Staff meetings and resident meetings were held regularly and minutes kept.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with staff confirmed that management operated an open door policy with regard to communication within the home.



A review of care records and accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews, communication between residents, staff and other key stakeholders.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 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.**

We arrived in the home at 09.00 and were greeted by staff who were helpful and attentive. Some patients were enjoying breakfast whilst others were being assisted to wash and dress or attend to personal care as was their personal preference.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs were met within the home; for example, residents are supported to attend their preferred place of worship if they so wish.

Residents were provided with information, in a format that they could understand, to enable them to make informed decisions regarding life in the home. The daily menu and activities schedule were displayed. Discussion with staff, residents, and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

Residents' views and opinions were gathered on an ongoing basis, and residents were encouraged and supported to actively participate in the annual reviews of their care; there was also evidence of monthly residents' meetings.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities, for example arts, crafts, and musical events. Arrangements were in place for residents to maintain links with their friends, families and wider community; for example, residents are supported to visit local shops, cafes and visitors are always welcome.

Observations confirmed that residents appeared comfortable and relaxed in the home environment. Residents spoken with confirmed they enjoyed living in the home and were supported by staff.

Staff were asked to complete an on line survey; we had no responses within the timescale specified. Staff commented positively on the care delivered and the working relationships within Gortacharn Care Home. Residents and staff spoken with during the inspection made the following comments:

- “They are all very good to me. The staff are all lovely.” (resident)
- “A lot of people here enjoy the music. I prefer to get on with my knitting.” (resident)
- “There is no such thing as leave it to tomorrow. If you need something the staff do it immediately.” (resident)
- “I have been in three other homes. This is by far the best.” (resident)
- “Sure I would be on my own at home looking at four walls. I love it here. It’s the best. They look after me very well.” (resident)
- “I drop in two or three times a week. Everybody is lovely. I feel everyone is being well looked after.” (relative)
- “It’s a good place to work and we are well trained to do the job.” (staff member)
- “I love my work here.” (staff)
- “Everybody gets on well together. Our managers are all very good and supportive.” (staff)

**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 resident and their representatives and taking account of the views of residents.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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.**

The manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA. The certificate of registration was appropriately displayed.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and

procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display in the home. Review of the complaints records confirmed that arrangements were in place to effectively manage complaints. Arrangements were in place to share information about complaints and compliments with staff.

Discussion with the manager and review of accidents/incidents recorded since the previous care inspection evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example staff had completed training in deprivation of liberty legislation.

A review of records confirmed that visits to check the quality of the services provided in the home were completed on a monthly basis. The reports of these visits were available in the home.

Staff spoken with were aware of their roles, responsibility and accountability, and there was a clear organisational structure. The manager stated that senior management were based in the home therefore well informed regarding the day to day running of the home.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

### **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.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	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 Beena Joseph, deputy 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 residential care 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 Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## **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 DHSSPS Residential Care Homes Minimum Standards, August 2011

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 27(1) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 March 2020</p>	<p>The registered person shall make good the vertical crack on the identified toilet wall.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> The vertical crack on the toilet wall will be fixed as soon as possible.</p>
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*\*Please ensure this document is completed in full and returned via Web Portal\**



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