

Inspection Report

25 January 2023



Gortacharn

Type of service: Residential
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 Beena Joseph	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: 14
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 an en-suite and access to communal lounges, a dining room and outdoor 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 25 January 2023 from 9.50 am to 3.40 pm. The inspection was carried out by a 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.

Residents spoke positively about living in Gortacharn and were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from residents and staff, are included in the main body of this report.

Areas for improvement were identified during the inspection as detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0.

The findings of this report will provide the management team 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 areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection residents and staff were asked for their opinion on the quality of the care; and their experience of living, visiting or working in this home. 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.

Questionnaires and 'Tell Us' cards 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 findings of the inspection were discussed with the manager at the conclusion of the inspection.

4.0 What people told us about the service

Residents 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. Residents said they very much enjoyed the food provided in the home. A number of residents also said that they would like more of a variety of meals. Residents' comments included: "The staff are lovely here", "I have everything I need", "This is a great place", "I feel very safe here" and "The staff are excellent".

Staff said that the manager was very approachable, teamwork was great and that they felt well supported in their role. One staff member said: "I really enjoy working here" and a further staff member said "Good staff morale". There was no feedback from the staff online survey.

Three questionnaires were received; two from residents and one from a resident and relative combined. The respondents were very satisfied with the overall delivery of care. Comments received included: "The staff are always helpful and caring".

Comments received during the inspection were shared with the manager to review and action as necessary.

5.0 The inspection

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

Areas for improvement from the last inspection on 9 June 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that all medicines are stored safely and securely. A risk assessment should be in place for the storage of prescribed medicines in residents' bedrooms.	Met
	Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager evidenced that this area for improvement had been met.	
Area for Improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person shall review the management of eye preparations to ensure they are administered as prescribed.	Met
	Action taken as confirmed during the inspection: Review of relevant records and discussion with the manager evidenced that this area for improvement had been met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for Improvement 1 Ref: Standard 27.1 Stated: First time	The registered person shall ensure the following environmental matters are attended to: <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. 	Met

	Action taken as confirmed during the inspection: Observation of the environment and discussion with the manager during and following the inspection evidenced that this area for improvement had been met.	
--	--	--

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling, fire safety and adult safeguarding. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

Appropriate checks had been made to ensure that care workers are registered with the Northern Ireland Social Care Council (NISCC).

Review of employee recruitment records evidenced that relevant pre-employment checks had been completed. A discussion was held with the manager regarding the system for receiving references to ensure that relevant evidence is available within files to confirm the source of the reference.

Staff said they felt supported in their roles and that there was good team work with effective communication between staff and management. Staff also said that, whilst they were kept busy, the number of staff on duty was generally satisfactory to meet the needs of the residents.

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. Observation of the delivery of care during the inspection evidenced that residents' needs were met by the levels and skill mix of staff on duty.

Staff confirmed that staffing levels are regularly reviewed to ensure that the needs of the residents are met. Staff members were observed to be attentive towards residents and displayed a kind and caring nature.

Review of a sample of competency and capability assessments for the person in charge in the absence of the manager evidenced that these had been completed.

Staff confirmed that they had regular supervisions and a yearly appraisal. A matrix system was in place to record the staff name and the date that the meeting was completed.

5.2.2 Care Delivery and Record Keeping

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs and of how to provide comfort if required. There was a pleasant, relaxed atmosphere in the home throughout the inspection and staff were observed to have caring, cheerful and friendly interactions with residents.

Residents were well presented, and had been supported by staff in maintaining their personal care. Residents spoken with indicated that they were well looked after by the staff and felt safe and happy in Gortacharn. Residents appeared comfortable around staff and were observed approaching staff with specific requests or just to chat.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The lunchtime dining experience was seen to be a pleasant opportunity for residents to socialise and the atmosphere was calm and relaxed.

Staff had made an effort to ensure residents were comfortably seated. Most residents were seated within the dining room, whilst others were seated within their bedroom. Discussion with staff and a number of residents evidenced that this was their personal choice. Staff members were seen to be supportive and attentive to residents whilst providing the appropriate level of assistance at mealtimes.

There was a choice of meals offered, the food was attractively presented by the catering staff and smelled appetising. Staff knew which residents preferred a larger/smaller portion and demonstrated their knowledge of individual resident's likes and dislikes.

Staff confirmed that residents were being weighed on at least a monthly basis to monitor for weight loss or gain and that relevant referrals were made to the GP and dietician as required. Records of these weights were recorded electronically using the Malnutrition Universal Screening Tool (MUST). Review of a number of MUST assessments evidenced that they were not being fully completed on a consistent basis. This was discussed in detail with the manager who agreed to communicate with relevant staff and to monitor going forward.

Residents' needs were assessed at the time of their admission to the home and care plans were developed to direct staff on how to meet residents' needs. These plans included any advice or recommendations made by other healthcare professionals. Review of a number of residents care and personal medication records (kardex) evidenced that not all residents had an identification photograph. This was discussed with the manager and an area for improvement was identified.

Care records were mostly well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. A number of discrepancies were identified and discussed in detail with the manager. Following the inspection written confirmation was received from the manager that relevant action had been taken to address this.

Daily records were kept of how each resident spent their day and the care and support provided by staff. Referrals to, or visits from, any healthcare professional was recorded, along with the outcome, for example, if staff contacted the GP regarding a resident.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was fresh smelling, neat and tidy and residents' bedrooms were found to be personalised with items of memorabilia and special interests. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Review of the most recent fire risk assessment completed on 15 March 2022 evidenced that actions had been signed off by management as having being completed.

There was evidence that fire evacuation drills had been completed on a regular basis with the signatures of the staff members who took part in the drill. However, there was no system in place to ensure that all staff participate in a fire evacuation drill at least once a year and an area for improvement was identified.

A number of maintenance issues were observed during the inspection that required repair including a review of the chain securing wardrobes to walls within bedrooms and the refitting of a handrail within a communal toilet. It was further identified that a number of floor coverings throughout the home required repair/replacement. Details were discussed with the manager and following the inspection the manager provided written confirmation that relevant action had been taken to address these issues.

There was a good supply of personal protective equipment (PPE) and hand sanitising gel in the home. Staff use of PPE and hand hygiene was regularly monitored by management and records were kept.

Observation of the environment and staff practices evidenced that they were not consistently adhering to infection prevention and control (IPC) measures, including one staff member who was wearing a wrist watch; a urinal bottle on top of a communal toilet cistern; a number of emergency pull cords uncovered and toilet brushes unclean/not air dried. Details were discussed with the manager who acknowledged that these findings were not in keeping with IPC best practice and an area for improvement was identified.

5.2.4 Quality of Life for Residents

The atmosphere was welcoming and friendly with residents seen to be comfortable, content and at ease in their environment and interactions with staff. Staff were seen to offer residents options regarding, for example, where to eat their meals and if they wanted to take part in activities.

During the inspection staff provided residents with chair exercises and a karaoke sing along with dancing. Other residents were observed engaged in their own activities such as; watching TV, knitting, resting or chatting to staff. Residents appeared to be content and settled in their surroundings and in their interactions with staff.

Whilst residents said they very much enjoyed the food provided in the home a number of residents commented that they would like more of a variety of meals as mentioned above in section 4.0. This was discussed with the manager and following the inspection the manager provided written confirmation of the action taken to address this.

5.2.5 Management and Governance Arrangements

There has been no change to the management arrangements for the home since the last inspection. The manager said they felt well supported by senior management and the organisation.

There was a system in place to ensure accidents and incidents were notified, if required, to residents' next of kin, the trust and to RQIA. There was evidence of appropriate onward referral as a result of reduced mobility, for example, residents were referred to their GP, or for occupational therapist assessment. However, review of the records of accidents and incidents which had occurred in the home found that three notifiable events had not been submitted to RQIA. The inspector requested that these be submitted retrospectively and an area for improvement was identified.

There was evidence that the manager had a system of auditing in place to monitor the quality of care and other services provided to residents. Where deficits were identified the audit process included an action plan with the person responsible for completing the action and a time frame for completion with follow up to ensure the necessary improvements had been made.

The home was visited each month by the registered person 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 and 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 Regulations (Northern Ireland) 2005 and the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1).

	Regulations	Standards
Total number of Areas for Improvement	1	3

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Beena Joseph, 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 30 Stated: First time To be completed by: From the date of inspection	The registered person shall ensure that RQIA are notified of any event in the home in accordance with Regulation 30. Ref: 5.2.5
	Response by registered person detailing the actions taken: The RQIA will be notified regarding any events happening in the home in accordance with Regulation 30.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 8.6 Stated: First time To be completed by: From the date of inspection	The registered person shall ensure that resident's care and personal medication records contain an up to date photograph of the resident. Ref: 5.2.2
	Response by registered person detailing the actions taken: All current Care records and personal medicine records were reviewed by the Manager and updated with photographs. This will be closely monitored by the Manager to ensure compliance.
Area for improvement 2 Ref: Standard 29.6 Stated: First time To be completed by: From the date of inspection	The registered person shall ensure that all staff participate in a fire evacuation drill at least once a year. Ref: 5.2.3
	Response by registered person detailing the actions taken: Robust plan in place to ensure that all staff participate in a fire evacuation drill at least once a year.
Area for improvement 3 Ref: Standard 35 Stated: First time To be completed by: From the date of inspection	The registered person shall ensure that the IPC issues identified during the inspection are addressed. Ref: 5.2.3
	Response by registered person detailing the actions taken: IPC issues identified during the inspection were addressed with immediate effect. The manager will be continuously monitoring the IPC measures to ensure the compliance.

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



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
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care

