

Inspection Report

10 September 2021



The Grouse Care Home

Type of Service: Nursing Home (NH)
Address: 16 Ballyhagan Road, Loughgall,
Armagh BT61 8PX
Tel no: 028 37 013113

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: Ann's Care Homes Limited Responsible Individual: Mrs Charmaine Hamilton	Registered Manager: Mr Paul Gildernew Date registered: 12 August 2020
Person in charge at the time of inspection: Kieran McArdle Deputy Manager	Number of registered places: 14
Categories of care: Nursing Home (NH) MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 13
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 14 persons. The home provides care and support to patients with mental health needs and to patients with an acquired brain injury. The home provided modern accommodation with all of the patient facilities located across one floor. Patients have access to an enclosed garden with a designated smoking area.	

2.0 Inspection summary

An unannounced inspection took place on 10 September 2021, from 9:40 am to 4:30pm by two care Inspectors.

The inspection assessed progress with the areas for improvement identified in the home 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.

The outcome of the inspection confirmed that the care in The Grouse Care Home was delivered in a safe, effective and compassionate manner. The service was well led with a clear management structure and system in place to provide oversight of the delivery of care.

Patients were happy to engage with the inspection process and share their experiences of living in the home and provided numerous examples of what they liked about it.

As a result of this inspection two areas for improvement were identified with regard to the completion of neurological observations following an actual or suspected head injury and with the auditing of restraint. Compliance with the areas for improvement will further enhance the standard of care on the home.

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 patients and staff were asked for their opinion on the quality of the care; and their experience of living 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 the effectiveness of care delivery and the 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.

At the end of the inspection the Deputy Manager was provided with details of the findings.

4.0 What people told us about the service

Seven patients and six staff were spoken with. Patients were complimentary regarding the assistance staff provided. They described staff in terms such as "understanding and supportive". Patients talked openly of their relationships with staff and it was obvious from the interactions between patients and staff that they were familiar with each other. Patients confirmed that they would be talk to staff if they were worried; many referred to the staff they would choose to speak with by name.

Staff told us there was good team work between staff and that they felt well supported by the management team. Staff were knowledgeable of patient needs and demonstrated a good understanding of patients' individual routines and preferences and the importance of respecting patient autonomy. Staff also undertook a conciliatory role in assisting patients to cope with each other's behaviours.

No questionnaires or correspondence was received following the inspection.

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 10 February 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14(6) Stated: First time	The registered person shall ensure that RQIA are notified as soon as is practically possible of any occasion when a patient is subject to restraint.	Met
	Action taken as confirmed during the inspection: A review of records confirmed that this area for improvement has been met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 12 Stated: First time	The registered person shall ensure that the dining room environment is reviewed and action taken to improve the overall dining experience for the patients.	Met
	Action taken as confirmed during the inspection: A review of the dining room environment and the serving of lunch evidenced that this area for improvement has been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

There was a robust system in place to ensure staff were safely recruited prior to commencing work. All staff were provided with an induction programme to prepare them for working with the patients. A range of training to help staff undertake their role was provided; records were in place to assist the Manager in monitoring who completed which training and when. The range of training provided was relevant to the needs of the patients staff were caring for.

Staff in the home were appropriately registered with a professional body and systems were in place to check that their registration remained live. Recently recruited staff were supported to complete their registration within the appropriate timeframe.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The staff required to provide one to one support to identified patients were rostered in addition to the core staff team.

Staff were confident that the current staffing provision was sufficient to meet the needs of the patients. Staff providing one to one support were knowledgeable of the individual needs and behaviours of the patient in their care. They confirmed that, as far as is practically possible, the structure of the day was determined by the individual patient's preferences and likes.

Patients told us that the staff were supportive and assisted them with they needs during the day. Staff were observed encouraging patients to undertake activities in an attempt to provide structure to their day, to take an interest in their personal appearance and to be understanding and tolerant of their fellow patients. Staff demonstrated a good understanding of patients' individual wishes and preferences.

5.2.2 Care Delivery and Record Keeping

On arrived in the home the morning routine was well under way. The majority of patients had their breakfast, some were socialising throughout the home while others were spending time in their bedroom. One patient was being supported by staff to attend to the animals outside.

Observation of practice confirmed that staff engaged with patients on an individual and group basis throughout the day. They were observed to be prompt in recognising patients' needs, any signs of distress and, where possible, to pre-empt behaviours. Staff were skilled in communicating with patients and were respectful of their individual needs and wishes.

Care records evidenced that a range of assessments, to identify each patient's needs, had been completed at the time of admission to the home. From these assessments, care plans to direct the care and interventions required were produced. Whilst the level of person detail and the individual approach to each area of care was commended the care records did not reflect any evidence of patient consultation. It was evident that care was delivery in response to individual wishes and preferences. This was discussed with deputy manager and it was agreed that consideration would be given to how patient consultation could be evidenced in care records. Progress with this improvement work will be reviewed at the next inspection.

Alongside care to support the patients emotionally staff also assisted a number of patients with their physical needs. Arrangements were in place to identify patients who were unable to mobilise or move independently and therefore at greater risk of skin breakdown.

If a patient had an accident or a fall a report was completed. The circumstances of each fall were reviewed at the time in an attempt to identify precautions to minimise the risk of further falls. Patients' next of kin and the appropriate organisations were informed of all accidents. Where neurological observations were required following a suspected or actual head injury there were inconsistencies with the period the observations were recorded for. This was identified as an area for improvement.

Patients' needs in relation to nutrition were being met; their weights were checked at least monthly to monitor weight loss or gain. Records were kept of what patients had to eat and drink; the precise nature of the meal was recorded.

Meals were served in the dining room, or at patients' request in a quiet area of the home. The dining room was nicely set with a range of cutlery and condiments provided on each table. The serving of lunch was organised and social. The meals served were home cooked and smelt and looked appetising. Patients were complimentary regarding the quality and selection of meals provided. The assistant cook explained that the menu had recently been reviewed to reflect the likes and dislikes of the patients currently accommodated.

A choice of two main dishes was available at each meal for all patients, including those who required a modified diet. Staff were knowledgeable of the International Dysphagia Diet Standardisation Initiative (IDDSI) and patients were provided with meals modified to their assessed need.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was warm, clean and fresh smelling throughout. Patients' bedrooms were personalised with items important to the patient and reflected their likes and interests. It was obvious that patients were proud of their bedrooms and the personal touches used to define it as their individual space.

Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy; and comfortable. It was good to note that, although the home has only been open for a relatively short time there was a programme of redecoration in place to ensure a good standard of décor was maintained. Fire exits and corridors were observed to be clear of clutter and obstruction.

Appropriate precautions and protective measures were in place to manage the risk of infection. There was an adequate supply of personal protective equipment (PPE) and no issues were raised by staff regarding the supply and availability. Staff spoken with were knowledgeable of the correct use of PPE, wore face masks and carried out hand hygiene appropriately.

Patients and staff participated in the regional monthly COVID 19 testing and staff continued to be tested weekly.

5.2.4 Quality of Life for Patients

Staff demonstrated respect for the patients' privacy and dignity by the manner in which they supported them. Staff introduced us to patients using their preferred name. Each patient had their own routine and staff demonstrated a sound understanding of patients' behaviours and choices.

Some patients were able to structure their day independently with pastimes such as watching television, listening to music or drawing and could maintain a healthy balance between spending time alone and spending time in the company of others. Other patients required support from staff to enable them to enjoy an orderly structure to their day. Staff were aware of those patients at risk of becoming overstimulated and the potential impact this could have to others. Care plans contained good details of examples of situations which may trigger challenges for patients and examples of diversions which may help to calm them.

Staff were aware of the importance of providing meaningful activities and engagement with patients. The Activity Co-ordinator arranged a weekly programme which included group activities such as board games, art and drumming sessions. Staff recognised that not all patients were suited to group activities and therefore they also spent time on a one to one basis with patients providing support for individual past times. The addition of the goats, sheep and hens provided an alternative activity for patients; some were involved in the day to day looking after of the animals while other patients spoke of how they like to visit and pet them. Staff explained that the animals provided a much needed opportunity to encourage patients to spend time outdoors. A poly tunnel had recently been erected and one patient, who had previously had an interest in gardening, spoke enthusiastically about their plans for growing vegetables. They were hopeful that the vegetables could be used in the home.

The home employs an Occupational Therapist who provided practical support for patients to improve and/or regain independence with daily living skills such as cooking, budgeting, washing and dressing. They were also able to provide support to patients and staff with regard to the management of equipment.

The home have their own transport which enabled patients to visit the local shops daily or to take patients out of the home for short drives. The transport was also used to take patients to appointments. Patients valued this access to regular transport and cited it was one of the positive aspects of life in the home.

Staff confirmed that there was good support from patients' key workers in the relevant health and social care Trusts and patients were regularly reviewed by them. Patients were confident that they had control over their day to day routine in the home and were aware of the wider health and social care staff involved in their care; one patient confirmed that they met with their key worker regularly to discuss their plans for the future.

5.2.5 Management and Governance Arrangements

There was a clear management structure within the home. The manager was on planned leave on the day of the inspection; the deputy manager and administrator were both available to assist with the inspection and were knowledgeable of the day to day running of the home.

Patients were familiar with the both the Manager and Deputy and many of them referred to them by name.

Staff commented positively about the management team and described them as supportive, approachable and knowledgeable of the daily life and preferences of the patients.

This service had systems in place and a designated person identified to oversee the appropriate safeguarding procedures and the home's safeguarding policy. All staff were required to complete adult safeguarding training on an annual basis; records confirmed this standard was being achieved. There was evidence that incidents were reported to the local Trust appropriately.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The Manager completed regular audits of restraint, accident and incidents and infection prevention and control (IPC) practices. The audit of restraint should be further developed to include the incidence of physical restraint. The audit should review each circumstance, proportionality and that it was completed in accordance with the patients' care plan. This was identified as an area for improvement.

There was a system in place to manage complaints and to record any compliments received about the home.

The home was visited each month by the regional manager, on behalf of the registered provider, to consult with patients, 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 patients, their representatives, the Trust and RQIA.

6.0 Conclusion

Discussion with patients and staff, observations of the daily routine and a review of patient and management records evidenced that care in The Grouse Care Home was delivered in a safe, effective and compassionate manner with good oversight of day to day running of the home by the manager.

Staff supported patients to be actively involved in making positive decisions about their care, for example, attending to personal care needs, balancing time spent alone in their rooms with time engaged with others, participation in activities and with positive and respectful interactions with fellow patients.

Patients told us that the staff were supportive and assisted them with they needs throughout the day and that they could talk to staff if they were worried. Observation of practice confirmed that the routine of the home and the programme of activities were planned around the needs and interests of the patients and provided them with positive outcomes.

As a result of this inspection two areas for improvement were identified with regard to the completion of observations following an actual or suspected head injury and with the auditing of restraint. Compliance with this area will further improve the services provided in the home.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015)

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Kieran McArdle, Deputy 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	
Area for improvement 1 Ref: Regulation 13 (1) (b) Stated: First time To be completed by: Immediately and ongoing	<p>The registered person shall ensure that neurological observations are recorded over a consistent period and in accordance with best practice.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Following a witnessed head injury or an unwitnessed fall then the individual resident will commence on neurological observations .NICE guidelines will be followed by all nursing staff completing the observations. clinical supervision and internal auditing of observation charts will ensure the observations will be recorded consistently .</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 18.7 Stated: First time To be completed by: 8 October 2021	<p>The registered person shall ensure that the audit of restraint is further developed to include the incidence of physical restraint.</p> <p>The audit should review each circumstance, proportionality and that interventions were completed in accordance with the patients' care plan.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: The restraint audit has been amended so that all physical restraint is recorded and can be cross referenced with incident documentation and residents care plans and risk assessments.</p>

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

