

Unannounced Care Inspection Report 10 February 2021



The Grouse Care Home

Type of Service: Nursing Home (NH)
**Address: 16 Ballyhagan Road, Loughgall,
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Inspector: Sharon McKnight

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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 Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 14 persons.

3.0 Service details

Organisation/Registered Provider: Ann's Care Homes Limited Charmaine Hamilton	Registered Manager and date registered: Paul Gildernew 12 August 2020
Person in charge at the time of inspection: Paul Gildernew	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: 8

4.0 Inspection summary

An unannounced inspection took place on 10 February 2021 from 11.00 to 17.15 hours. On 11 November 2020 The Grouse Care was registered as a nursing home with RQIA. The focus of this inspection was to assess the day to operation of the home since it was first registered.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- environment
- infection prevention and control (IPC) measure and use of personal protective equipment (PPE)
- governance and management

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Paul Gildernew, registered 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we spoke with five patients and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Tell us' cards which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- duty rotas for week commencing 8 February 2021
- staff registration with Nursing Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC)
- two staff recruitment files
- staff training records
- staff supervision matrix
- three care records
- a selection of quality assurance audits
- monthly quality monitoring reports
- incident and accident reports
- fire safety records

Areas for improvement identified at the pre-registration 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 previous inspection(s)

The most recent inspection of the home was the pre-registration inspection undertaken on 11 November 2021.

Areas for improvement from the pre-registration inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 18 Stated: First time To be completed by: 20 November 2020	The registered person shall ensure that the pre-admission assessment documents are further developed to include a section to record discussion regarding DOL safeguards. Action taken as confirmed during the inspection: A review of care records evidenced that this area for improvement has been met.	Met

6.2 Inspection findings

6.2.1 Staffing

A system was in place to identify appropriate staffing levels to meet the patient's needs. A review of the staff rotas for week commencing 8 February 2021 confirmed that the staffing numbers identified were provided. Staff to support patients who required one to one supervision were provided in addition to the core staff team. Staff were also available to ensure that catering and housekeeping duties were undertaken. An occupational therapist and personal activity leader were employed to plan and deliver a range of therapeutic and social activities; they were supported by the wider staff team on the delivery of activities.

We provided questionnaires in an attempt to gain the views of patients, relatives and staff who were not available during the inspection. Unfortunately none were returned. We discussed the recruitment of staff with the manager and reviewed the recruitment records. The records confirmed that the appropriate checks had been completed with applicants to ensure they were suitable to work with adults at risk. Newly appointed staff completed a structured induction to enable them to get to know the patients, working practices and the routine of the home. Review of training records confirmed that staff had undertaken a range of training relevant to their roles and responsibilities and the needs of the patients. Systems were in place to ensure staff received regular supervision sessions and an annual appraisal.

We saw that a competency and capability assessment had been completed with any registered nurse who was given the responsibility of being in charge of the home in the absence of the manager.

Staff providing care in a nursing home are required to be registered with a regulatory body. For nurses this is the Nursing and Midwifery Council (NMC) and for care staff it is the Northern Ireland Social Care Council (NISCC). The manager is responsible for monitoring that all staff are registered appropriately. We observed that checks were being completed monthly and that all staff on the rota for the week of the inspection were appropriately registered. Some recently appointed care staff were in the process of registering; this process was being monitored by management to ensure it is completed in a timely manner.

6.2.2 Care delivery

We arrived in the home at 11:00 hours. There was a busy atmosphere and staff were supporting patients in their daily routine. Patients were socialising throughout the home or spending time in their bedroom. Where any patient became upset or anxious, we saw that staff were skilled in providing reassurance and diversion. Patients were supported by staff to adhere to social distancing where possible. Staff interaction with patients was observed to be supportive and timely. Patients were observed to be comfortable in their surroundings and in their interactions with staff.

Patients spoken with told us that they were well looked after and felt safe and comfortable in the home. One patient told us:

“I like it here, everyone is very friendly.”

We discussed with the personal activity leader how patients spent their day. They explained that as part of the admission process patients' interests, pastimes and any hobbies they enjoyed were identified. We saw that activities were delivered in a group setting or on a one to one basis depending on the needs of the patient. Group activities include low impact exercise routines, group drumming sessions, arts and crafts and quizzes. One to one sessions were determined by the individual patients; examples of some current activities include washing and valeting of the home's vehicle, maintenance of the grounds and tending to the chickens. Relaxation sessions were also being provided for one patient. A number of patients choose not to engage with the activity programme; staff explained that they would still be informed of the planned activities to allow them to participate if desired.

We saw the serving of lunch in the dining room. Everyone commented positively on lunch and enjoyed the meal. We met with the cook who explained that there was a three week menu cycle; he explained that as patients settled in and he gets to know their likes and dislikes in more details the menu will be reviewed. The cook was enthusiastic about the choice of dishes and the importance of good nutrition for the patients and looked forward to working with them to design a menu around their preferences. The number of patients in the dining room at any one time was dependant on the space available to support social distancing. The daily menu was displayed in the dining room but there were no table settings or condiments on the tables and the dining environment felt bare. This was discussed with the manager at the conclusion of the inspection and it was agreed that the dining room environment would be reviewed and action taken to improve the overall dining experience for the patients. This was identified as an area for improvement.

Patients' nutritional needs were identified through assessment and care plans, detailing the support patients need to meet their nutritional needs. Patients' weights were kept under review and checked monthly to identify any patient who had lost weight.

We discussed the arrangements for patients to receive visitors. The main lounge was the designated area for visiting as relatives can access the room directly from outside. Patients could also receive visitors in the enclosed garden. Precautions such as a booking system, testing, temperature checks and provision of PPE were in place for visitors to minimise the risk of the spread of infection. Separate visiting arrangements were in place for end of life care. The manager confirmed they were aware of the Public Health Agency (PHA) guidance for care partners; to date no requests have been received.

6.2.3 Care records

Care records evidenced that pre-admission assessments were completed for all patients and included information from the relevant health and social care Trust and the patients' previous care provided, if any. 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.

Care plans were in place to support any patient who was subject to restrictive practice and we saw that for patients who were assessed as lacking capacity that Deprivation of Liberty (DOLs) safeguards were in place. Systems were in place to provide the manager with oversight of the processes and the dates reviews were due.

We reviewed the management of restraint for one patient. A care plan with good detail of when restraint should be considered and/or implemented was available. Records evidenced that when restraint was applied it was the least restrictive and carried out in the best interests of the patient. Incident reports were completed and whilst the relevant health and social care trust had been informed of each episode where restraint was applied; a notification had not been sent to RQIA. This was identified as an area for improvement. A retrospective notification was received following the inspection.

6.2.4 Environment

We reviewed the home's environment; this included observations of a sample of bedrooms, ensembles, bathrooms, lounges, the dining room and the treatment room. The home was found to be warm, clean, tidy and fresh smelling throughout. Patients were encouraged to personalise their bedrooms with items which were personal to them.

Fire exits and corridors were observed to be clear of clutter and obstruction. Records evidenced that weekly safety checks were completed on break glass points, fire door releases and fire extinguishers. The weekly test of the fire alarm was completed during the inspection. To minimise the potential for distress the maintenance staff informed staff and patients of the planned test prior to setting off the alarm. Fire drills were also being held with records maintained of the dates and the staff who took part.

6.2.5 Infection prevention and control (IPC) measure and the use of PPE

Signage had been put up at the entrance to the home to reflect the current guidance on COVID-19. PPE was readily available; a PPE station had been set up in the entrance enabling anyone

entering to carry out hand hygiene and put on the recommended PPE. All visitors had a temperature check on arrival at the home; staff and patient temperatures were checked and recorded twice daily.

The manager told us that the home had plenty of PPE available and stocks were regularly replenished. PPE stations were found to be well stocked throughout the home. We observed that staff carried out hand hygiene at appropriate times. Staff were observed to use PPE in accordance with the regional guidance and to put on and take off their PPE correctly.

A range of IPC audits were completed regularly, for example hand hygiene, PPE and cleanliness of the environment. Records evidenced good compliance with IPC practices.

6.2.6 Governance and management.

There was a clear management structure within the home. The manager retained oversight of the home and was supported in their daily role by the deputy manager and the responsible individual. Staff commented positively about the management team and described them as supportive and approachable.

A supervision and appraisal schedule was in place in the home. A record of staff meetings was maintained.

Review of records evidenced that there were systems in place to manage complaints and compliments.

A sample of governance audits reviewed evidenced that management maintained a good level of oversight in the home. The audits reviewed contained clear action plans where deficits had been identified. A monthly accident/incident analysis was completed to determine if there were any trends or patterns emerging.

We reviewed the monthly monitoring report completed for December 2020 and January 2021. The reports evidenced that the visits were effective in identifying areas for improvement; where any issues were identified, an action plan was included in the report. The action plan was reviewed and commented on at each subsequent visit.

Areas of good practice

Areas of good practice were identified with regard to staff knowledge of patients' needs, care delivery, the provision and usage of PPE, the provision of activities and effective team work between staff and management.

Areas for improvement

Two areas for improvement were identified with regard to notifying RQIA of the use of restraint and the dining environment.

	Regulations	Standards
Total number of areas for improvement	1	1

6.3 Conclusion

At the time of the inspection the home had been operational for approximately three months. Admission of patients had been phased to allow each patient time to settle into their new environment and to allow the staff team time to get to know each patient; this approach to the management of a new service was commended.

Staff had been provided with a wide range of training to provide them with the necessary skills and knowledge to appropriately support patients with their physical, emotional and social needs. The provision of activities provided patients with opportunities to have a fulfilled and meaningful day.

The home was clean, tidy and fresh smelling; recommended IPC measures were followed and staff used PPE according to the regional guidance.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Paul Gildernew, registered 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 nursing 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 Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14(6) Stated: First time To be completed by: Ongoing from the day of inspection	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. Ref: 6.2.3 Response by registered person detailing the actions taken: All incidents of restraint have been reported to the RQIA and staff are aware of the importance of recording and reporting all incidents of restraint.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 12 Stated: First time To be completed by: 7 April 2021	The registered person shall ensure that the dining room environment is reviewed and action taken to improve the overall dining experience for the patients. Ref: 6.2.2 Response by registered person detailing the actions taken: The dining room has been upgraded with a large clock, wall mounted paintings, place mats and condiments. These subtle changes have made the room more homely thus improving the dining experience.

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



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