



# Unannounced Care Inspection Report 20 January 2020



## Culmore Manor Care Centre

**Type of Service: Nursing Home**

**Address: 39 Culmore Road, Londonderry, BT48 8JB**

**Tel No: 028 7135 9302**

**Inspectors: James Lavery & Mandy Ellis**

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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 which is registered to provide nursing care for up to 56 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Larchwood Care Homes (NI) Ltd  <b>Responsible Individual(s):</b> Christopher Walsh	<b>Registered Manager and date registered:</b> Ryan O'Donnell Registration pending
<b>Person in charge at the time of inspection:</b> Ryan O'Donnell	<b>Number of registered places:</b> 56  A maximum of 46 patients in category NH-I and a maximum of 10 patients in category NH-PH.
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 55

### 4.0 Inspection summary

An unannounced inspection took place on 20 January 2020 from 09.30 to 17.40 hours.

The inspection assessed progress with any areas for improvement identified during and since the last medicines management inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to monitoring the professional registration of staff, staff inductions, management of patients' dietary needs and staff communication with visiting professionals. Further areas of good practice were also noted in regard to the use of restrictive practices, staff communication with patients and relatives and the notification of incidents.

Areas for improvement were identified in regard to the internal environment, deep cleaning schedules, and infection prevention and control (IPC) practices. One area for improvement in regard to monthly monitoring reports was stated for a second time; one area for improvement relating to care record audits has been carried forward to be reviewed at the next care inspection.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection.

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
<b>Total number of areas for improvement</b>	*2	*4

\*The total number of areas for improvement includes one area for improvement under regulation which has been stated for a second time and one area for improvement under the standards which has each been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Ryan O'Donnell, Manager, and Chris Walsh, Operations 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 5 September 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 5 September 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, for example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, 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 patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined and/or discussed during the inspection:

- governance records relating to the professional registration of staff
- accident and incident records
- domestic cleaning schedules

- staff supervision/appraisal matrix
- patient/relative and staff meeting records
- two patients' care records
- a selection of governance audits
- complaints records
- adult safeguarding records
- notifiable incidents to RQIA
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

The findings of the inspection were provided to the manager and responsible individual at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection(s)

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (1) (a)(b)  <b>Stated:</b> First time	The registered person shall ensure the following in relation to the nutritional care of patients: <ul style="list-style-type: none"> <li>• that a person centred and detailed care plan is in place outlining the nutritional needs of patients</li> <li>• that such care plans will be reviewed in a regular and effective manner</li> <li>• that appropriate options are available on the mid-morning/mi-afternoon tea trolley for those patients requiring a modified diet</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Findings in relation to this area for improvement are discussed in section 6.4.	

<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 29  <b>Stated:</b> First time	<p>The registered person shall ensure that the monthly monitoring report is reviewed in a robust manner by the manager and that a clear record is maintained of how the manager is addressing any action plan/corrective actions within the report.</p> <p><b>Action taken as confirmed during the inspection:</b> Findings in relation to this area for improvement are discussed in section 6.6.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	<b>Not met</b>
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> Second time	<p>The registered person shall ensure that a robust care records audit is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. This audit shall be completed in accordance with legislative requirements, minimum standards and current best practice.</p> <p><b>Action taken as confirmed during the inspection:</b> Findings in relation to this area for improvement are discussed in section 6.6.</p> <p>This area for improvement has been carried forward to be reviewed at the next care inspection.</p>	<b>Carried forward to the next care inspection</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> First time	<p>The registered person shall ensure that domestic cleaning schedules are completed in an accurate and timely manner at all times.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the manager and review of governance records confirmed that domestic schedules were in place and being completed. Arrangements for the deep cleaning of patient's bedrooms are discussed further in section 6.3.</p>	<b>Met</b>



<b>Area for improvement 3</b>  <b>Ref:</b> Standard 43  <b>Stated:</b> First time	<p>The registered person shall ensure that the areas relating to the environment identified in the report are addressed.</p> <p>A detailed refurbishment action plan with firm timescales for improvement should be forwarded to RQIA along with completed QIP.</p> <p><b>Action taken as confirmed during the inspection:</b> Review of the environment and feedback from the manager during/following the inspection confirmed that this area for improvement is met. The internal environment is discussed further in section 6.3.</p>	Met
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 44  <b>Stated:</b> First time	<p>The registered person shall ensure that there is a robust system in place which ensures/demonstrates that staff receive individual, formal supervision/appraisal in keeping with best practice standards.</p> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the manager and review of governance records confirmed that this area for improvement has been met.</p>	
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 44  <b>Stated:</b> First time	<p>The registered person shall ensure the following in relation to the use of restrictive practices (specifically bed rails and wheelchair lap belts):</p> <ul style="list-style-type: none"> <li>• that a person centred and detailed care plan is in place outlining the restrictive intervention being used, and kept under regular and meaningful review</li> <li>• that appropriate consent is obtained and documented from the patient and/or best interests discussion with the patient's next of kin/representative</li> <li>• that any governance records (such as restraint audits/ restraint register) relating to the use of restrictive practices are completed in an accurate and robust manner at all times</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Findings in regard to this area for improvement are discussed in section 6.4.</p>	Met

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time	The registered person shall review the management of limited shelf life medicines to ensure the date of opening is recorded.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A sample of patients' medicines across both floors was viewed and had been appropriately dated by staff prior to use.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time	The registered person shall review the management of self-administered medicines to ensure accurate risk assessments are maintained and a system is in place to monitor compliance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Care records relating to one identified patient were reviewed and evidenced that an appropriate care plan was in place and been reviewed in a timely manner. A corresponding audit and risk assessment was also in place.	

## 6.2 Inspection findings

### 6.3 Is care safe?

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

Upon arrival to the home we were greeted by the manager. The foyer entrance was neatly and attractively presented and provided keypad access to the first floor. We observed that a number of patients were enjoying breakfast within a ground floor dining room while others were being assisted by staff to the ground floor lounge.

Staffing levels within the home were discussed and reviewed with the manager who confirmed that staffing levels were planned and kept under review to ensure that the needs of patients were met. No concerns were raised by patients or staff in relation to staffing levels within the home. One patient's relative did express a concern that the home was understaffed on occasion and the manager spoke with this individual at the inspector's request before the inspection concluded.



We were told by staff that they received regular mandatory training to ensure they knew how to provide the right care. All staff stated that they felt that their mandatory training provided them with the skills and knowledge to effectively care for patients within the home. Staff described the support they received from the manager in positive terms.

Two staff members also told us that they had undergone an effective induction prior to commencing their first shift within the home. One of these staff members stated that their induction was “very good” while the other staff member told us that they had undergone a six month period of preceptorship which allowed them time to develop their knowledge and skills.

The way in which staff are supported in their roles was considered. Feedback from the manager confirmed that a system was in place and regularly monitored by him in regard to staff supervision and appraisal.

It was noted that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

Governance arrangements were in place to ensure that all staff attend adult safeguarding training and have sufficient awareness of the home’s adult safeguarding policy to help ensure that it is embedded into practice.

An inspection of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. It was noted that good progress had been achieved against a refurbishment plan previously submitted to RQIA. We observed that flooring within an identified ground floor lounge needed some repair as did the interior ceiling of the home’s elevator. The manager confirmed following the inspection that these two matters would be resolved as a matter of urgency. While patients appeared to be comfortable within their surroundings, it was noted that some areas of the home were untidy and cluttered following our arrival; this included the ground floor lounge and one identified storage room. This was highlighted to the manager and the need to keep these areas suitably tidy was stressed. We also observed that vinyl flooring along one identified corridor was in need of improvement; an area for improvement was made.

The general hygiene of the home was noted to be satisfactory. We observed that the underside of some radiators within an identified lounge area required further cleaning and this was brought to the attention of the manager. One relative told us that their loved one’s bedroom needed to be deep cleaned; the deep cleaning of patient’s bedrooms was then discussed with the manager. While a schedule was in place to facilitate the deep cleaning of patient’s bedrooms, the manager acknowledged that there had been limited progress in this area. An area for improvement was made.

The kitchen area appeared to be well maintained; kitchen staff stated that they were well supported by the manager who was currently arranging for the replacement of an oven door to ensure that the provision of home baked goods to patients would not be adversely affected.

We reviewed compliance with infection, prevention and control best practice standards. It was noted that Personal Protective Equipment (PPE) such as aprons was left along corridor hand rails in some parts of the home; one pressure relieving cushion in a patient’s bedroom was torn; the underside of two wall mounted hand sanitisers required cleaning; and medicines cups were being dried in an inappropriate area by staff. An area for improvement was made.

The laundry area was observed and found to be organised and tidy. However, the entrance to this part of the home was not appropriately secured while the laundry was unattended. An area for improvement was made.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to monitoring the professional registration of staff and staff inductions.

### Areas for improvement

Areas for improvement were identified in relation to the internal environment, deep cleaning schedules, and IPC practices.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	3

#### 6.4 Is care effective?

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

Staff told the inspector that there was effective communication at the commencement of each shift which allowed them to discuss and review the ongoing needs of patients.

Staff who were spoken with stated that if they had any concerns, they could raise these with their line manager and/or the manager.

A review of patients' care records evidenced that nursing staff regularly engaged with members of the multi-professional team; this included regular contact with professionals such as GPs, tissue viability nurses (TVN), dieticians and speech and language therapists (SALT).

We spoke with four visiting professionals who were visiting patients within the home during the inspection; they told us:

- "Staff are very accommodating ..."
- "The manager is very approachable ... he couldn't do enough for you ... he's always about."
- "Staff are really friendly and give us updates ... very helpful. The manager is helpful. I've a patient (in the home) who is happy as the flowers in May."

We reviewed the care records for one patient who required assistance with receiving a modified diet. It was positive to note that a person centred and detailed care plan was in place. The care plan had been regularly reviewed by staff.

We also observed that a mid-morning and mid-afternoon tea trolley was provided to patients and this included a suitable variety of dietary options for patients requiring a modified diet.

We also looked at the care records for one patient who required staff to use two forms of restrictive practice, namely, the use of a wheelchair lap belt on occasion and bedrails. It was noted that a person centred and detailed care plan was in place outlining the restrictive intervention being used,

and had been kept under regular and meaningful review by staff. The care records also included appropriate consent which had been obtained. The use of these forms of restraint had also been included in a corresponding audit of such devices being used within the home.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of patients' dietary needs, staff communication with visiting professionals and the use of restrictive practices.

### 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.**

Staff interactions with patients were observed to be compassionate and caring. All patients were positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance.

Feedback received from several patients during the inspection included the following comments:

- "It's great here."
- "The staff are kind."
- "It's very good."

Feedback received from several patients' relatives during the inspection included the following comments:

- "Staff are extremely reactive and proactive ... staff are very kind. They celebrated my mum's birthday when they heard (about the birthday). Ryan (manager) is very professional and did a great deal to reassure me when my mum was being discharged from hospital."
- The manager is "amazing – you can't fault him."
- "The staff here are brilliant. The staff keep (the family) up to date ... (the patient) is well looked after."

We also observed the dining experience of patients within the home. Staff displayed a good understanding of patient's dietary needs, likes and dislikes. Staff were also observed assisting patients in a timely, respectful and friendly manner throughout the serving of lunch.

At different times of the day, the home's activity therapist was observed sharing newspaper headlines with groups of patients seated within communal lounges. The patients appeared to greatly enjoy this type of engagement and enthusiastically participated in this activity; this is commended.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff communication with patients and relatives.

## Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.**

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised.

The registration certificate was up to date and displayed appropriately. Discussion with the manager evidenced that the home was operating within its registered categories of care.

Discussion with the manager and a review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives. However, review the 29 December 2019 monthly monitoring report and feedback from the manager highlighted inaccuracy in regard to the manager's review of the attached action plan. An area for improvement was stated for a second time.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. We discussed with the manager the current arrangements for ongoing auditing of patients' care records; it was noted that these arrangements were ineffective. Following the inspection and at the inspector's request, the manager submitted an amended process for auditing such records. As such, an area for improvement has been carried forward to be reviewed at the next care inspection.

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to the notification of incidents.

## Areas for improvement

One area for improvement has been stated for a second time in regard to monthly monitoring reports; a second area for improvement in relation to care record audits has been carried forward to be reviewed at the next care inspection.

	Regulations	Standards
<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 Ryan O'Donnell, Manager, and Chris Walsh, Operations 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

<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 29  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that the monthly monitoring report is reviewed in a robust manner by the manager and that a clear record is maintained of how the manager is addressing any action plan/corrective actions within the report.</p> <p>Ref: 6.1 and 6.6</p> <p><b>Response by registered person detailing the actions taken:</b>          Home manager reviewing actions from reg 29 visits and ensuring that all actions are met and reg 29 report is a working document that communicates clearly communicates efforts made to maintain compliance monthly.</p>
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<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b>          Supervision held with staff during month of February. Supervisions continue to be held throughout the month of March to ensure compliance and awareness. All supervision is recorded in supervision and appraisal spreadsheets to ensure communication has reached an optimum number of staff. Issue has also been included in the agenda for the next staff meeting.</p>
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### Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<b>Area for improvement 1</b>  <b>Ref:</b> Standard 35  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that a robust care records audit is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. This audit shall be completed in accordance with legislative requirements, minimum standards and current best practice.</p> <p>Ref: 6.1 and 6.3</p> <p><b>Response by registered person detailing the actions taken:</b>          Care file audits being completed and audit cycle closed off. Home manager aims to have 2 audits per month completed. Two audits have been completed for February. Two further audits to be carried out by 06/03/20 and cycle closed by 20/03/20.</p>
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<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that all parts of the home to which patients have access are free from hazards to their safety and that all unnecessary risks to their health and safety are eliminated as far as is reasonably practicable. This relates specifically to the laundry area.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> Flooring company attended the home on 02/03/20 samples provided and a choice of flooring chosen by home manager and managing director. Now awaiting a date for the floors to be fitted. Home manager will liaise with flooring contractor to ensure minimal disruption to provision of care. Supervision held with staff with regards to access to the laundry and is on the agenda for discussion at the next staff meeting.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 43</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 February 2020</p>	<p>The registered person shall ensure that the areas relating to the environment identified in the report are addressed; this relates specifically to the area of identified corridor flooring.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> Flooring company attended the home on 02/03/20 samples provided and a choice of flooring chosen by home manager and managing director. Now awaiting a date for the floors to be fitted. Home manager will liaise with flooring contractor to ensure minimal disruption to provision of care.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that there is a robust system in place which ensures/demonstrates that there patient areas are deep cleaned on a regular basis, as appropriate.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> Clean and deep cleaning schedules in place, meeting held with domestic staff to address current issues with completion of deep cleans. Issues include staffing levels workload and residents declining to leave their bedroom. Home manager to consider provision of staff and when residents decline to leave their room this must be documented.</p>

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



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