

Unannounced Care Inspection Report 13 April 2016



Greenhaw Lodge Care Centre

Address: 42 Racecourse Road, Londonderry BT48 8DA
Tel No: 028 7135 4725
Inspector: Bridget Dougan

1.0 Summary

An unannounced inspection of Greenhaw Lodge Care Centre took place on 13 April 2016 from 11.00 to 16.00 hours.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There was evidence of positive outcomes for patients who were being assisted and responded to in a timely and dignified manner. Patient risk assessments were undertaken, reviewed and updated on a regular basis. The home was found to be warm, fresh smelling and clean throughout.

Feedback provided by patients and/or their representatives was very positive.

One requirement and one recommendation were stated for the second time with regard to the dementia environment. Whilst a dementia environmental audit had been completed and significant work had been undertaken to address the deficits, further work was required to ensure full compliance with this requirement and recommendation.

Is care effective?

Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate adhered to recommendations prescribed by other healthcare professionals.

There was evidence that the care planning process included input from patients and/or their representatives, as appropriate.

Staff meetings were held on a regular basis (at least quarterly) and there was evidence of good teamwork.

Patients and their representatives expressed their confidence in raising concerns with the home's staff/management.

Two recommendations were stated for the second time in relation to the documentation of patients' end of life wishes.

Is care compassionate?

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

Discussions with staff, relatives and patients and a review sample of compliment cards evidenced that staff cared for the patients and their representatives in a kind, caring and thoughtful manner.

No requirements or recommendations were made.

Is the service well led?

There was a clear organisational structure within the home and evidence that the home was operating within its registered categories of care.

There was evidence that a range of audits had been completed on a monthly basis, for example audits of infection prevention and control, care records and pressure ulcers. The results of these audits had been analysed and appropriate actions taken to address any shortfalls identified.

Complaints were managed in accordance with legislation. Notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Monthly monitoring visits in respect of Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 were completed as required. An action plan was generated to address any areas for improvement and reviewed on subsequent monitoring.

It was evident that the registered manager had implemented and managed systems of working within the home which impacted positively of the patient experience and involved and encouraged staff, relatives and visitors to participate in the daily life of the home. The registered manager was available to patients and their relatives and operated an 'open door' policy for contacting her.

No requirements or recommendations were made.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1*	4*

The total number of requirements and recommendations includes one requirement and three recommendations that have been stated for a second time, and one recommendation that was not reviewed at this inspection and which will be carried forward for review at a future inspection.

Details of the QIP within this report were discussed with Ms Ronagh McCaul, 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection on 22 September 2015.

Other than those actions detailed in the previous QIP there were no further actions required. There has been no enforcement required as a consequence of this inspection. RQIA are not aware of any other issues which may influence this inspection.

2.0 Service details

Registered organisation/registered person: Larchwood Care Homes (NI) Ltd/ Christopher Walsh	Registered manager: Ronagh McCaul
Person in charge of the home at the time of inspection: Ronagh McCaul	Date manager registered: 7 March 2012
Categories of care: NH-A, NH-DE	Number of registered places: 43

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report
- pre inspection assessment audit

During the inspection, care delivery/care practices were observed and a review of the general environment of the home was undertaken. Twenty patients, four care staff, two registered nurses and two patients' representatives were also consulted with.

The following information was examined during the inspection:

- validation evidence linked to the previous QIP
- staffing arrangements in the home
- three patient care records
- staff training records
- one personnel record
- accident and incident records

- notifiable events records
- falls audits
- complaints records
- NMC and NISCC registration records
- staff induction records
- minutes of staff meetings
- monthly monitoring reports in accordance with Regulation 29 of the Nursing Homes Regulations 2005
- staff, patients' and relatives' questionnaires
- policies and procedures

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 22 September 2015. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 22 September 2015

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2015</p>	<p>The registered person must ensure care plans in respect of palliative/end of life wishes and care must be developed, monitored and evaluated in accordance with the assessed needs of patients. The recommendations of the specialist palliative care team should be reflected in patients' care plans, where applicable.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Registered nursing staff and the registered manager advised that only one patient was currently in receipt of end of life care. The care records of this patient were reviewed and evidenced that palliative/end of life care plans were in place and reflected the recommendations of the specialist palliative care team.</p>	

<p>Requirement 2</p> <p>Ref: Regulation 12 (1)</p> <p>Stated: First time</p> <p>To be completed by:</p> <p>30 November 2015</p>	<p>The registered person must ensure the environment of the home enhances the lived experience of patients. A dementia audit should be undertaken and a management plan implemented to address the shortfalls identified in the audit. The management plan should be submitted to RQIA on completion.</p>	<p>Partially Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>A dementia environmental audit had been completed in 2015 and a management plan put in place to address the shortfalls identified. The management plan had been submitted to RQIA. The registered manager advised that considerable work had been undertaken to address the issues identified in the audit. Three bathrooms were refurbished and the flooring replaced in the main corridor and lounge. We were advised of an estimated completion date of approximately six months. This requirement has been partially met and will be stated for the second time.</p>	
<p>Requirement 3</p> <p>Ref: Regulation 12 (4)</p> <p>Stated: First time</p> <p>To be completed by:</p> <p>31 October 2015</p>	<p>The registered person must ensure patients are offered a choice at mealtimes and include patients who require a specialised diet. Written records should be maintained to evidence choice has been offered.</p>	<p>Met</p>
	<p>Action taken as confirmed during the inspection:</p> <p>Observation of the lunch time meal evidenced that patients were offered a choice of main courses and desserts. Records were maintained to evidence that choices had been offered. Discussion with the cook and the registered manager confirmed that choices were offered for all meals served. This was reflected in the menus.</p>	

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standards 19 and 32 Stated: First time To be completed by: 31 October 2015	A system to evidence that staff have read the policy documentation regarding communicating effectively and palliative/end of life care should be implemented.	Met
	Action taken as confirmed during the inspection: The registered manager confirmed that a system was in place to evidence that staff have read the policy regarding communicating effectively and palliative/end of life care, and this was validated by the inspector.	
Recommendation 2 Ref: Standard 32.1 Stated: First time To be completed by: 31 October 2015	The assessment schedule within patients' care records should include a section on end of life wishes.	Met
	Action taken as confirmed during the inspection: The registered manager advised that she plans to introduce a section on end of life wishes as part of the pre-admission assessment. This recommendation will be stated for the second time.	
Recommendation 3 Ref: Standard 32.1 Stated: First time To be completed by: 31 October 2015	Nursing care records should evidence that the end of life wishes have been discussed with the patient and/or the patient's representative.	Partially Met
	Action taken as confirmed during the inspection: Three patients' care records were reviewed and there was evidence that end of life wishes had been discussed with one patient. The registered manager advised that this will be included in all patients' care records. This recommendation has been partially met and will be stated for the second time.	

<p>Recommendation 4</p> <p>Ref: Standard 12.21</p> <p>Stated: First time</p> <p>To be completed by: 31 October 2015</p>	<p>The dining experience for patients should be in accordance with best practice in dementia care. Dining tables should be appropriately set with tablecloths, serviettes, condiments and dementia specific crockery according to the needs of patients.</p> <p>Action taken as confirmed during the inspection: Observation of the lunch time meal confirmed that dining tables were appropriately set with tablecloths, serviettes, condiments and dementia specific crockery according to the needs of patients.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: Standard 4.3</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2015</p>	<p>Life story information should be gathered and developed into a booklet/reference source for staff to assist staff in engaging with patients in a person centred manner.</p> <p>Action taken as confirmed during the inspection: This recommendation was not inspected at this time. It will be carried forward for review at the next care inspection.</p>	<p>Not inspected</p>
<p>Recommendation 6</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2015</p>	<p>The environment of the home should be reviewed to ensure it is dementia enabling. The use of signage should be reviewed. Consideration should be given to the use of some of the other facilities in the home and maximise their potential for persons with dementia, for example move the nurses station out of a patients' lounge.</p> <p>Action taken as confirmed during the inspection: A dementia environmental audit had been completed and work had begun to address the issues identified in the audit. The registered manager advised an estimated completion date of approximately six months. This recommendation will be stated for the second time.</p>	<p>Not inspected</p>

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rotas for the week commencing 4 April 2016 evidenced that the planned staffing levels were adhered to. Agency staff had been employed on a regular basis to cover long term leave and was block booked to ensure continuity of care. The registered manager advised that staffing levels were to be increased from seven carers to eight carers on the 0800 – 2000 shifts each day. This was in response to changes in the assessed needs of patients. Additional staff had been recruited and were completing mandatory training prior to being rostered on the duty rota.

Discussions with the majority of care staff confirmed that patients' dependency levels had increased over time and they were looking forward to the additional staff in order to maintain the high standards of care in the home.

Observations of the delivery of care evidenced that patients were being assisted and responded to in a timely and dignified manner. No concerns were raised by patients and/or patient representatives in regard to the availability of staff.

Discussion with the registered manager confirmed that there were systems in place for the safe recruitment and selection of staff, and staff consulted confirmed that they had only commenced employment once all the relevant checks had been completed. One personnel file was reviewed and we were able to evidence that all the relevant checks had been completed.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

Review of the training matrix/schedule for 2016/17 indicated that training was planned to ensure that mandatory training requirements were met. Discussion with the registered manager and review of training records evidenced that they had a robust system in place to ensure staff attended mandatory training.

Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding.

A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Discussion with the registered manager confirmed that a range of audits was conducted on a regular basis (refer to section 4.6 for further detail). A sample of falls audits confirmed the number, type, place and outcome of falls. This information was analysed to identify patterns and trends. An action plan was in place to address any deficits identified.

A review of the accident and incident records confirmed that the falls risk assessments and care plans were completed following each incident. Trust care management, patients' representatives and RQIA were notified appropriately.

We observed the environment, including a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. A dementia environmental audit had been completed and work had begun to address the issues identified in the audit. Refer to section 4.2 for further detail.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

Areas for improvement

Work should be completed to address the remaining shortfalls identified in the dementia environmental audit. One requirement and one recommendation regarding the dementia environment have been stated for the second time. Refer to section 4.2.

Number of requirements	1*	Number of recommendations:	1*
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*Includes one requirement and one recommendation that have been stated for a second time.

4.4 Is care effective?

A sample of three patients' care records was reviewed. There was evidence that detailed care plans had been generated from a comprehensive assessment for each patient.

As stated in section 4.2, the registered manager advised that she plans to include patients' end of life wishes in the assessment documentation for all patients.

Care records accurately reflected the assessed needs of patients were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dieticians.

There was evidence that the care planning process included input from patients and/or their representatives, as appropriate. There was evidence also of regular communication with patients' representatives regarding the patients' ongoing condition.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the

shift handover provided the necessary information regarding any changes in patients' condition.

Discussion with staff and the registered manager confirmed that staff meetings were held on a regular basis (at least quarterly) and records were maintained. Records of staff meetings for January, May and November 2015 and February 2016 were observed.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities.

Patients and their representatives expressed their confidence in raising concerns with the home's staff/management.

Areas for improvement

Nursing care records should evidence that the end of life wishes have been discussed with the patient and/or the patient's representative. Two recommendations have been stated for the second time. Refer to section 4.2.

Number of requirements	0	Number of recommendations:	2*
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*Includes two recommendations that have been stated for a second time.

4.5 Is care compassionate?

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

Observation of the lunch time meal confirmed that patients were given a choice in regards to food and fluid choices, and the level of help and support requested. Staff were observed to offer patients reassurance and assistance appropriately.

Discussions with staff confirmed that they had a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Patients spoken with commented positively in regards to the care they received and life in the home. Those 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.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients and their representatives and staff on the quality of the service provided. Views and comments recorded were analysed and areas for improvement were acted upon.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately. From discussion with the registered manager, staff, relatives and a review of the compliments record, there was evidence that the staff cared for the patients and the relatives in a kindly manner.

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. Four staff and one patient's representative completed questionnaires.

Comments received were generally very positive. Two negative comments were received from two staff members. These comments were contrary to the findings of the inspection; however, they were discussed with the registered manager who agreed to follow up the issues. Some comments received are detailed below:

Staff

- “This is a very rewarding job.”
- “We have a lot of patients with challenging behaviour and needing additional assistance.”
- “The challenging behaviour training was excellent.”
- “There is plenty of training and support when you need it.”

Patients

- “I am happy here. I have no concerns.”
- “I have no complaints. I am treated well.”

Patients’ representatives

One relative completed a questionnaire and the responses received would indicate a high level of satisfaction in this service. The following comments were received:

- “As I visit mostly at weekends, I rarely feel the need to meet with the manager. My sister visits during the week.”

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff consulted with confirmed that they had been given a job description on commencement of employment and were able to describe their roles and responsibilities. There was a system in place to identify the person in charge of the home, in the absence of the registered manager.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner. These included medication and equipment alerts.

Discussion with the registered manager and observation of patients evidenced that the home was operating within its registered categories of care. The registration certificate was displayed appropriately. A certificate of public liability insurance was current and displayed.

Discussion with the registered manager and review of the home’s complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

There were systems in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There was evidence that a range of audits had been completed on a monthly basis, including the following:

- infection prevention and control
- care records
- medication management
- pressure ulcers
- bed rails

The results of the above audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvements had been embedded into practice.

The monthly monitoring visits required in regard to Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005 were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

<p>Requirement 1</p> <p>Ref: Regulation 12 (1)</p> <p>Stated: Second time</p> <p>To be completed by: 31 October 2016</p>	<p>The registered person must ensure the environment of the home enhances the lived experience of patients. A management plan should be implemented to address the shortfalls identified in the dementia audit completed in 2015.</p> <p>Reference : Section 4.2</p>
	<p>Response by registered person detailing the actions taken: There is an ongoing refurbishment programme implemented within the home, the company are working under the environmental of audit sterling university. Much works have been carried out and the programme will be completed by the required date.</p>

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 32.1</p> <p>Stated: Second time</p> <p>To be completed by: 31 May 2016</p>	<p>The assessment schedule within patients' care records should include a section on end of life wishes.</p> <p>Reference : Section 4.2</p>
	<p>Response by registered person detailing the actions taken: A section on end of life wishes has been incorporated into the pre-admission assessment document.</p>
<p>Recommendation 2</p> <p>Ref: Standard 32.1</p> <p>Stated: Second time</p> <p>To be completed by: 31 May 2016</p>	<p>Nursing care records should evidence that the end of life wishes have been discussed with the patient and/or the patient's representative.</p>
	<p>Response by registered person detailing the actions taken: Nursing care records are currently under review by the company. A section on end of life wishes has been incorporated into the care guide to evidence the discussion with resident/ representatives on end of life care.</p>
<p>Recommendation 3</p> <p>Ref: Standard 4.3</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2015</p>	<p>Life story information should be gathered and developed into a booklet/reference source for staff to assist staff in engaging with patients in a person centred manner.</p> <p>Reference : Section 4.2 This recommendation was carried forward from the inspection of 22 September 2015.</p>
	<p>Response by registered person detailing the actions taken: Life story information has been gathered and developed into a booklet. The staff team engage with the residents implement this resource using a person centered approach.</p>

<p>Recommendation 4</p> <p>Ref: Standard 43</p> <p>Stated: Second time</p> <p>To be completed by: 31 October 2016</p>	<p>The environment of the home should be reviewed to ensure it is dementia enabling. The use of signage should be reviewed. Consideration should be given to the use of some of the other facilities in the home and maximise their potential for persons with dementia, for example move the nurses' station out of a patient's lounge.</p> <p>Reference : Section 4.2</p>
	<p>Response by registered person detailing the actions taken: Signage has been reviewed and ordered to ensure the environment is dementia enabling.</p>

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address



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