



Unannounced Care Inspection Report 12 October 2020



Greenhaw Lodge Care Centre

Type of Service: Nursing Home

Address: 42 Racecourse Road, Londonderry, BT48 8DA

Tel No: 028 7135 4725

**Inspector: Jane Laird, Lorraine O'Donnell and Phil
Cunningham**

www.rqia.org.uk

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 registered nursing home which provides care for up to 42 patients in the categories of care as listed in section 3.0 below.

3.0 Service details

Organisation/Registered Provider: Larchwood Care Homes NI Ltd Responsible Individual: Christopher Walsh	Registered Manager and date registered: Mary Bernadette Conway - McDaniel 30 January 2020
Person in charge at the time of inspection: Mary Bernadette Conway-McDaniel	Number of registered places: 42 Category NH-MP (E) for one named patient only.
Categories of care: Nursing Home (NH) DE – Dementia. MP (E) - Mental disorder excluding learning disability or dementia – over 65 years. A – Past or present alcohol dependence.	Number of patients accommodated in the nursing home on the day of this inspection: 39

4.0 Inspection summary

An unannounced inspection took place on 12 October 2020 from 08.05 to 16.45 hours. The inspection was carried out by care and premises inspectors.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. Following an inspection on 8 and 10 September 2020 significant concerns were identified and enforcement action was taken which resulted in four failure to comply notices under Regulation 10 (1) governance and management, Regulation 13 (1) (a) (b) health and welfare of patients, Regulation 14 (2) (a) (b) (c) health and safety and Regulation 27 (2) (b) (c) (d) (j) fitness of the premises, being issued on 21 September 2020 with the date of compliance to be achieved between 12 and 21 October 2020.

A notice of proposal was also issued on the 21 September 2020 to cease admissions to the home and for the provider to submit a quality monitoring report on a fortnightly basis.

RQIA were concerned regarding the health and well-being of the patients in the home and on 22 September 2020 applied to a Justice of the Peace to impose urgent conditions on the registration of Mr Christopher Walsh, Responsible Individual for Larchwood Homes NI Limited, in respect of Greenhaw Lodge Care Centre on the 22 September 2020. The order was granted and came into immediate effect. The following conditions were imposed:

- that appropriate arrangements are made for all current patients, to be re-accommodated to suitable accommodation forthwith and to remain in such accommodation until such times that remedial works required in respect of the water supply, pipework internal repairs and refurbishment (the Works) are completed

- that no patient should be permitted to return to the home or admitted into the home until all the Works are completed in full and without prior inspection by RQIA

The notices detailed above have been superseded by the order but given that patients were still accommodated in the home on the 12 October 2020 an inspection was carried out to establish if patients were receiving safe and effective care.

During this inspection we were concerned that the home had not made the necessary improvements to ensure the safety of patients and risks remained evident as previously identified at the inspection on the 8 and 10 September 2020.

As a consequence, a meeting was held on 13 October 2020 with RQIA senior management and as a result our concerns were escalated to the Western Health and Social Care Trust (WHSCCT), the Health and Social Care Board and the Department of Health to ensure plans were in place to protect the health and welfare of patients. Following the inspection confirmation was received that all patients have been relocated and that the home is no longer occupied since the 2 November 2020.

Two new areas for improvement were identified during this inspection in relation to the safe storage of food thickening agents and the safe storage of medicines.

The following areas were examined during the inspection:

- governance and management
- health and safety
- fitness of the premises
- health and welfare of patients.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*3	*3

*The total number of areas for improvement includes one regulation and one standard which have been stated for a second time and two standards which have been carried forward for review at the next inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Mary Bernadette Conway-McDaniel, manager, and Chris Walsh, responsible individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Further enforcement action did not result from this inspection.

The enforcement policies and procedures are available on the RQIA website.

[https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

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 and premises inspection
- the registration status of the home
- written and verbal communication received since the previous care and premises inspection
- the previous care and premises inspection report.

The following records were examined during the inspection:

- duty rota for all staff for weeks commencing 5 October 2020 and 12 October 2020
- staff training records
- two patients' care records
- one patient's supplementary charts
- a sample of governance audits/records
- the monthly monitoring report for October 2020
- water temperature checks.

Areas for improvement identified at the last care inspection were reviewed and an assessment of compliance was recorded as not met and carried forward to the next inspection.

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 an announced care inspection undertaken on 8 and 10 September 2020 which resulted in enforcement action being taken.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that the infection prevention and control issues identified during this inspection are urgently addressed and a system is initiated to monitor ongoing compliance.	Not Met

	<p>Action taken as confirmed during the inspection: Observation of the environment, staff practices and governance audits evidenced that this area for improvement has not been met.</p> <p>This area for improvement had not been met and has been stated for a second time.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>The registered person shall ensure the staff duty rota clearly identifies the surname of each staff employee, their role and hours worked; and where amendments are made they are legible and signed.</p>	Not Met
	<p>Action taken as confirmed during the inspection: Review of a sample of staff duty rotas evidenced that this area for improvement has not been met.</p> <p>This area for improvement had not been met and has been stated for a second time.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 18</p> <p>Stated: First time</p>	<p>The registered person shall review the care plans pertaining to distressed reactions, to ensure that where patients are prescribed medicines this is clearly detailed in a care plan, including the regime if more than one medicine is prescribed to manage the distressed reaction.</p>	Carried Forward to next inspection
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next medicines management inspection.</p>	
<p>Area for improvement 3</p> <p>Ref: Standard 28</p> <p>Stated: First time</p>	<p>The registered person shall make the necessary arrangements to ensure that disposal of medicines records clearly indicate that all controlled drugs in Schedules 3 and 4 (Part 1) have been denatured prior to disposal by two trained staff.</p>	Carried Forward to next inspection
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next medicines management inspection.</p>	

6.2 Inspection findings

6.2.1 Governance and management

On arrival to the home we were met by the manager who obtained relevant temperature checks and contact tracing details as per COVID-19 visiting guidelines. The manager provided us with the current patient occupancy levels and confirmed that there had been no patient transfers since receipt of the order on the 22 September 2020. We were concerned that patients remained within the home due to the increased foot fall of contractors and limited availability of hot and cold water.

The manager advised us that works to the home's plumbing system were ongoing within the home to provide hot and cold water supplies to a number of rooms but assured us that building contractors were working within the roof space of the home and would not be present within patient areas. However, during the inspection building contractors were observed within patient areas on a number of occasions and this was discussed with management to action where necessary.

Since the previous care inspection on the 8 and 10 September 2020 the home had received an enhanced clean and was observed to be clean throughout patient areas, however, some high level windows appeared to have smudges and smears visible, requiring more attention to detail cleaning. Whilst efforts had been concentrated on communal areas, the service and staff areas within the home including the visitor's toilet, the clinical room, laundry and sluice room were identified as unclean with dust and debris to floor coverings; tops of cupboards, skirting boards, equipment and a sink. On review of the environmental audits it was identified that these areas had not been included as part of the audit process. We also had concerns that there was no water available at the outlets within the laundry and sluice room and only cold water available within the clinical rooms.

The manager advised us that staff were able to retrieve hot and cold water from a number of outlets within the home and provided us with a list of nine outlets within patient bedrooms. Staff advised that they had been provided with pocket hand sanitisers to enable them to sanitise their hands following personal care interventions before making their way to an available hot water outlet. On review of the list provided and on discussion with staff in the A, C and D units it was evidenced that the information provided was not accurate and staff were unclear of the exact locations where hot and cold water was available and further provided room numbers in addition to those on the list. We also observed a staff member entering a patient's bedroom to retrieve hot water whilst the patient was asleep and brought this to the attention of the manager.

We discussed the delivery of personal hygiene for patients with staff and were advised that all patients have been provided with a basin which has been labelled with their room number. Staff described the correct removal of used PPE prior to leaving a patient's bedroom following personal hygiene and the application of new PPE to carry the basin from the patients' bedroom to be decontaminated and to wash their hands. Despite staff knowledge on the correct IPC procedures to take, we observed staff carrying items from patient's bedrooms after personal hygiene delivery without wearing the appropriate PPE and were further concerned regarding the distance that staff were required to travel to retrieve hot water and then to decontaminate the basin without being able to wash their hands effectively.

Review of records evidenced that quality monitoring visits were completed on a fortnightly basis by the responsible individual and copies of the report were forwarded to RQIA as per action

within the failure to comply notice. The reports were identifying some of the issues identified during this inspection which raised concerns regarding the response by management to address these issues.

The manager provided the number of staff on duty and discussed the planned staffing levels. We were advised that the planned staffing levels for the day of the inspection were not maintained and that they were short staffed by one care assistant and one domestic staff.

During the inspection we observed two patients who were being assisted with breakfast at 11.20 hours and were advised that the personal care needs of one patient had not yet been attended to. Staff were visibly under pressure trying to assist patients with their needs and advised the inspector that they had not yet received a break. We brought this to the attention of the responsible individual to address.

Staff confirmed that whilst they were satisfied with planned staffing levels, this can be affected by short notice leave resulting in a delay to daily care and creating additional pressure on staff. Comments from staff included:

- “Can be very stressful to always get things right.”
- “Great support from management.”
- “No concerns just so much media at the moment.”
- “Really like working here.”
- “Will be good when everything is sorted and we have hot water again.”

On review of the duty rota a number of deficits, which were identified during the inspection on the 8 and 10 September 2020 remained evident. For example, scoring over hours recorded without any documented reason for absence or signature; surnames were missing on a number of occasions; the hours worked by staff and staff designations/roles were not clearly recorded. We were therefore unable to determine the planned staffing levels as the duty rota was not clearly or accurately recorded in keeping with the care standards. This area for improvement has been stated for a second time.

The actions required to address the serious concerns identified are included in the failure to comply notices issued by RQIA on the 21 September 2020.

6.2.2 Health and safety

On review of staff practices in relation to the management of infection prevention and control (IPC) and COVID-19: GUIDANCE FOR NURSING AND RESIDENTIAL CARE HOMES IN NORTHERN IRELAND, RQIA were concerned that the issues identified at the previous inspection had not been appropriately addressed. For example, face masks were continuously being touched by staff of all grades and on a number of occasions staff were observed pulling their mask down to speak with the inspector. We also observed a face mask on one of the tables within the dining room which had not been appropriately disposed of and brought this to the attention of the manager.

We observed staff moving between units carrying soiled linen and touching frequent touch points such as door handles and key pads. There was limited availability of foot operated waste bins resulting in staff having to touch the lid of the bin to dispose of used hand paper towels. We further observed staff practices which evidenced poor adherence to IPC. For example; a staff member was observed wearing a long sleeved cardigan whilst working within the unit; staff were observed making contact with patients and/or their environment and not decontaminating

their hands or removing used PPE; incontinence pads were observed outside of packaging on trolleys within the unit and a hair brush was observed on a clean linen trolley. We further observed a linen store with duvets on the floor.

Surface damage remained evident to patient equipment, floor coverings and furniture. We identified a number of floor alarm and fall out mats to be unclean and/or torn in a number of bedrooms and could therefore not be effectively cleaned. We observed the quality of gloves to be below the recommended standard and discussed this with the responsible individual to action where necessary.

We reviewed the laundry room and identified that unclean clothing was stored in containers close to clean clothing on shelves and discussed the importance of reviewing this practice to reduce the risk and potential spread of infection. We also observed cleaning trolleys within the domestic store to be unclean and requested that these be cleaned before being used.

The domestic assistant was able to discuss the products required for cleaning different areas of the home and the appropriate colour coding of equipment. However, when staff were asked regarding the use of cleaning products they were unable to provide accurate information regarding the appropriate chemicals to clean surfaces in the absence of the domestic assistant.

We were concerned regarding the limited availability of cold water with patient bedrooms to facilitate appropriate oral hygiene. We discussed this with management who advised that each bedroom has a jug of cold water to facilitate patients to brush their teeth. On review of individual bedrooms and on discussion with staff there were no jugs of water to complete this aspect of care delivery. This was discussed with management who agreed to provide bottled water to each room for this purpose.

An area for improvement in relation to IPC which was identified at the previous inspection on the 8 and 10 September 2020 has not been met and has been stated for a second time.

We identified a number of potential risks to patients and staff. For example, keys left unattended in a patient's vanity unit with access to a razor; topical preparations within three identified bedrooms and wound irrigation solution. It was further concerning that similar risks identified at the inspection on the 8 and 10 September 2020 remained evident.

Food thickening agents were observed within the dining room and on top of a medicine trolley with the potential for patients to access. We brought this to the attention of the manager and nurse in charge of the unit who removed them to a secure location. This was discussed with the management team and an area for improvement was made.

The clinical room door was left open and unsupervised on two separate occasions throughout the inspection with access to medications in unlocked cupboards and a fridge. On one of these occasions a patient was observed entering the clinical room by the inspector who had to intervene to redirect the patient to safety. This was identified as an area for improvement.

The actions required to address the serious concerns identified are included in the failure to comply notices issued by RQIA on the 21 September 2020.

6.2.3 Fitness of the premises

We reviewed a sample of hot and cold water temperatures provided by the maintenance person which evidenced that temporary measures to provide hot and cold water supplies to a number

of rooms was in place at appropriate temperatures and was available within seven identified bedrooms. Hot and cold water was also available within an identified domestic store and all toilet cisterns had been connected to a temporary clean water supply.

Four additional bedrooms which were connected had been temporarily turned off as they had been inadvertently connected to the now redundant pipework as part of the temporary works and although they have since been reconnected correctly they were awaiting results from water sampling before they could be passed for use.

We reviewed the availability of hot water within shower rooms which evidenced that there were six working shower rooms covering all areas of the home with temporary electric shower units. The responsible person provided information that these showers were not thermostatically controlled to prevent scalding. The manager stated that staff had been instructed around temperature control precautions and signage was located adjacent to the shower units.

Observation of the works which have been carried to replace the home's plumbing system evidenced that two new hot water calorifiers have been installed in the boiler room supplying newly installed permanent distribution pipework in the roof space. Discussion with the home's maintenance person confirmed that new permanent distribution pipework is practically complete in roof space areas. Pipework drops to rooms were observed as partially complete. Patients will be required to vacate their rooms in order for works to be completed, including replacement of vanity units, and refurbishment of all finishes including skirting boards, architraves, doors and floor coverings.

The actions required to address the serious concerns identified are included in the failure to comply notices issued by RQIA on the 21 September 2020.

In addition, the urgent order requires that patients are re-accommodated to allow for the works to be completed.

6.2.4 Health and welfare of patients

Observation of the delivery of care evidenced that an identified patient's eye care had not been attended to and relevant staff were requested to attend to the patients' needs promptly by the inspector during the inspection. Care staff advised that the patient was receiving antibiotic eye drops for an infection; however, on discussion with the registered nurse, this information was not correct. We were concerned regarding these findings as this was identified at the previous inspection on the 8 and 10 September 2020.

We observed a patient being transferred from a wheelchair to an armchair by two staff who were not using the correct moving and handling techniques to safely transfer the patient. We immediately brought this to the attention of the staff and then management. Management advised that the patient had been assessed for the use of a hoist when required and that this was recorded within the patient's care plan. Staff were unaware that the patient was assessed for the use of a hoist. On review of the patient's care records there was conflicting information regarding when the hoist should be used and the equipment required. We further discussed the importance of effective communication with staff.

We observed an identified patient partially clothed with the bedroom door open and discussed the importance of maintaining the patient's dignity with staff. This was of great concern considering building contractors were completing work within the home and had access to the patient areas.

The presentation of a number of beds was below an acceptable standard with a number of duvet covers that were wrinkled and poorly presented. This was discussed at the previous inspection and although relevant assurances were provided that this issue had been addressed it had clearly not been appropriately addressed.

We observed a patient calling out for a significant period of time and were concerned that appropriate action had not been taken to ensure the patient's needs were being met. On review of the patient's care records we identified that they were prescribed as and when required medication for pain management and regular medication for agitation. We were unable to find any documentation regarding a review of the patient's pain management and/or mental health and discussed this with management who agreed to refer the patient to the general practitioner (GP) for a review of their medication.

We reviewed two patient's care records and one patient's repositioning records which identified a number of deficits as follows:

- risk assessments specific to moving and handling were not inclusive of the equipment required and the observed practices during the inspection for an identified patient
- there were two care plans for one patient regarding moving and handling which were conflicting in relation to the equipment required and assessed moving and handling needs
- the Malnutrition Universal Screening Tool (MUST) assessment for one patient had not been updated since the 26 August 2020
- repositioning records for one patient evidenced gaps in the recorded change of the patient's position which was not in keeping with the care plan. The care plan also contained conflicting information regarding the required frequency of repositioning.

Specific examples were discussed in detail with management who acknowledged the shortfalls in the documentation and agreed to communicate with relevant staff the importance of accurately recording such information within patients' care records.

The actions required to address the serious concerns identified are included in the failure to comply notices issued by RQIA on the 21 September 2020.

Areas for improvement

Two new areas were identified for improvement. These were in relation to safe storage of food thickening agents and the safe storage of medication.

	Regulations	Standards
Total number of areas for improvement	1	1

6.3 Conclusion

Based on the inspection findings and following a meeting in RQIA on 13 October 2020, our concerns were escalated to the Western Health and Social Care Trust (WHSCT), the Health and Social Care Board and the Department of Health to ensure plans were in place to protect the health and welfare of patients and to expedite the Urgent Order of 22 September 2020 to impose urgent conditions on the registration of Christopher Walsh, Responsible individual for Larchwood Homes NI Ltd in respect of Greenhaw Lodge Care Centre as follows:

- that appropriate arrangements are made for all current patients, to be re-accommodated to suitable accommodation forthwith and to remain in such accommodation until such times that remedial works required in respect of the water supply, pipework internal repairs and refurbishment (the Works) are completed
- that no patient should be permitted to return to the home or admitted into the home until all the Works are completed in full and without prior inspection by RQIA.

Since the inspection on the 12 October 2020 all patients have been transferred from Greenhaw Lodge to alternative accommodation to facilitate the works to be completed within the home.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mary Bernadette Conway-McDaniel, manager, and Chris Walsh, responsible person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider 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 13 (7) Stated: Second time To be completed by: With immediate effect	The registered person shall ensure that the infection prevention and control issues identified during this inspection are urgently addressed and a system is initiated to monitor ongoing compliance. Ref: 6.1 and 6.2.2 Response by registered person detailing the actions taken: The Operational support manager initiated further environmental auditing to include ancillary areas of the Home. Additional cleaning hours were rostered within the Home and direction given to staff in relation to their responsibilities following the findings of this report.
Area for improvement 2 Ref: Regulation 14 (2) (a) and (c) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that food thickening agents are stored securely. Ref: 6.2.3 Response by registered person detailing the actions taken: Appropriate locked cabinets were available within each of the units of the Home and the nursing staff were responsible for ensuring that prescribed thickening agents were stored under safe custody
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that medicines are stored securely at all times. Ref: 6.2.3 Response by registered person detailing the actions taken: Immediately following the inspection feedback was provided for the nursing staff and in follow up handovers the importance of safe custody of medications was highlighted. One of the occasions when the treatment room was unsecured was a visiting member of pharmacy staff and feedback was also shared with the WHSCT in respect of this staff member.
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 41 Stated: Second time To be completed by: 12 November 2020	The registered person shall ensure the staff duty rota clearly identifies the surname of each staff employee, their role and hours worked; and where amendments are made they are legible and signed. Ref: 6.1 and 6.2.1 Response by registered person detailing the actions taken: The Home Manager was reminded regarding the need for the off duty to be revised in line with the expected standard with

	necessary information and all amendments initialled
Area for improvement 2 Ref: Standard 18 Stated: First time To be completed by: 8 October 2020	The registered person shall review the care plans pertaining to distressed reactions, to ensure that where patients are prescribed medicines this is clearly detailed in a care plan, including the regime if more than one medicine is prescribed to manage the distressed reaction. Ref: 6.1 Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next medicines management inspection.
Area for improvement 3 Ref: Standard 28 Stated: First time To be completed by: Immediate and ongoing	The registered person shall make the necessary arrangements to ensure that disposal of medicines records clearly indicate that all controlled drugs in Schedules 3 and 4 (Part 1) have been denatured prior to disposal by two trained staff. Ref: 6.1 Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next medicines management inspection.

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



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