

Unannounced Care Inspection Report 10 November 2016



Greenhaw Lodge Care Centre

Type of Service: Nursing Home
Address: 42 Racecourse Road, Londonderry, BT48 8DA
Tel no: 028 7135 4725
Inspector: Bridget Dougan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Greenhaw Lodge Care Centre took place on 10 November 2016 from 11.30 to 16.30 hours.

The inspection sought to assess progress with 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.

The focus of the inspection was nutrition, meals and mealtimes.

Is care safe?

There was evidence of competent and safe delivery of care on the day of inspection. A policy on nutritional care was in place and nutritional guidelines were available and used by staff on a daily basis. Staff members were required to attend mandatory and other training relevant to their roles and responsibilities. The observation of care delivery evidenced that knowledge and skills gained through training were embedded into practice.

Two staff members indicated some dissatisfaction with staffing levels and one relative felt there was a delay, at times, in responding to requests for assistance. We were informed that a review of staffing had been conducted and five new staff had been recruited and due to commence employment as soon as all the relevant checks were completed. The registered manager agreed to investigate and address the concern raised by the relative.

There were no requirements or recommendations made.

Is care effective?

Care records 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 stated that there was effective teamwork; each staff member knew their role, function and responsibilities. However, one staff member felt that communication could be improved in respect of changes to patients' needs. Staff confirmed that if they had any concerns, they could raise these with the nurse in charge or the registered manager.

One recommendation has been made in respect of staff communication.

Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Patients were given a choice in regards to food and fluid choices and the level of help and support requested. A choice was also available for those on therapeutic diets.

Where patients required assistance with meals, staff were observed to offer patients reassurance and assistance in a discreet, unhurried and sensitive manner. Patients spoken with were complimentary regarding the care they received and life in the home-

There were no requirements or recommendations made.

Is the service well led?

Systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to complaints and incidents/accidents, care records, the management of nutritional care and weight loss. The results of 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.

Complaints were managed in accordance with legislation. Systems were in place to ensure that notifiable events were investigated and reported to RQIA appropriately.

Staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

There were no requirements or recommendations 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	0	1

Details of the Quality Improvement Plan (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 medicines management inspection undertaken on 04 October 2016. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Larchwood Care Homes (NI) Ltd/Mr Christopher Walsh	Registered manager: Ms. Ronagh McCaul
Person in charge of the home at the time of inspection: Ms. Ronagh McCaul	Date manager registered: 07 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 we met with 30 patients, two relatives, two registered nurses, six care staff and two catering staff.

Six patients, eight staff, and six relatives' questionnaires were left for distribution.

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
- accident and incident records
- notifiable events records
- complaints and compliments records
- sample of audits
- policy on meals and mealtimes.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 04 October 2016

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacy inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered provider/s, as recorded in the QIP will be validated at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 13 April 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 12 (1) Stated: Second time To be completed by: 31 October 2016	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. Reference : Section 4.2	Met
	Action taken as confirmed during the inspection: A refurbishment programme had been implemented. Work had been completed in accordance with the outcome of the dementia audit.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 32.1 Stated: Second time To be completed by: 31 May 2016	The assessment schedule within patients' care records should include a section on end of life wishes. Reference : Section 4.2	Met
	Action taken as confirmed during the inspection: Three patients care records were reviewed and evidenced that a section on end of life wishes had been incorporated into the pre-admission assessment document and included in the care plans.	

<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> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Three patients care records were reviewed and evidenced that end of life wishes had been discussed with patients and/or relatives.</p>	<p>Met</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</p> <p>This recommendation was carried forward from the inspection of 22 September 2015.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The registered manager informed us that life story information was gathered and developed into a booklet for each patient and used by staff in engaging with patients in a person centred manner. Samples of three patients' life story booklets were reviewed.</p>	<p>Met</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> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Signage was reviewed and in place to ensure the environment was dementia enabling. The nurses' station had been moved to another area of the home and this space was now used as a patients lounge.</p>	<p>Met</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 weeks commencing 30 October and 07 November 2016 evidenced that the planned staffing levels were adhered to.

Discussion with patients evidenced that there were no concerns regarding staffing levels. However, two staff indicated some concerns regarding staffing levels and one relative felt there was a delay in responding to requests for assistance to the toilet. This was discussed with the registered manager who confirmed that a review of staffing levels had been carried out and five additional staff had recently been recruited for the enhanced care unit and would commence duties as soon as all pre-employment checks were completed. The registered manager agreed to meet again with staff and confirm these arrangements. The registered manager also agreed to investigate and address the concern raised by the relative in respect of staff response times to requests for assistance. No delays were observed in staff responding to call bells on the day of the inspection.

Review of the training matrix/schedule for 2016/17 indicated that the majority of staff had completed mandatory training. Additional training in nutrition and the management of dysphagia had been completed by all relevant staff in 2016. Staff consulted with and observation of care delivery and interactions with patients clearly, demonstrated that knowledge and skills gained through training and experience were embedded into practice.

There was a policy on nutritional care dated 27 August 2014 and the registered manager confirmed that it was kept under review and was in line with current best practice guidance. A system was in place to ensure all relevant staff had read and understood the policy.

Up to date nutritional guidelines were available and used by staff on a daily basis.

A review of the home's environment was undertaken and included observations of 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.

Fire exits and corridors were observed to be clear of clutter and obstruction and equipment was appropriately stored.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	Number of recommendations	0
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4.4 Is care effective?

Review of a total of three patients' care records evidenced that a range of validated risk assessments were completed as part of the admission process and informed the care planning process. Care records reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as speech and language therapist (SALT) or dietitians.

The care records of two patients with swallowing difficulties were reviewed and evidenced that a relevant choking risk assessment and malnutrition risk assessments had been completed on admission and reviewed monthly or more frequently in response to assessed need. There was evidence of timely referrals to both speech and language therapists (SALT) and dietitians and an individualised nutritional care plan was in place and reviewed appropriately.

Supplementary care charts such as repositioning and food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. However, one staff member stated that they were not always informed of changes in the patients' care needs. For example there may be changes to patients' dietary requirements following a hospital admission. This was discussed with the registered manager and a recommendation has been made in this regard.

Staff also confirmed that if they had any concerns, they could raise these with their line manager and /or the registered manager.

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

Areas for improvement

One recommendation has been made in respect of staff communication.

Number of requirements	0	Number of recommendations	1
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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. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

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. The daily menu was displayed in the dining rooms and offered patients a choice of two meals for lunch and dinner. A choice was also available for those on therapeutic diets. Alternatives were available for those patients who did not like either option. Modified meals were served with food elements portioned separately. The registered manager advised that additional training in the presentation of modified meals had been provided for catering staff in 2015.

Where patients required assistance with meals, staff were observed to offer patients reassurance and assistance in a discreet, unhurried and sensitive manner. The relatives of two patients were providing assistance to their relatives during lunchtime and were facilitated and supported by staff in this regard.

The dining room experience was calm and relaxed and patients were allowed to take their meals where they felt comfortable. The majority of patients came to the dining rooms for their meals; however, some patients were served their meals in their bedrooms. This was because they were either too ill to come to the dining room or they had chosen to eat their meals in their rooms.

Patients spoken with were complimentary regarding 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.

Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. Three staff, three patients and four relatives completed and returned questionnaires within the required time frame. Some staff comments are detailed below.

Patients

Patients indicated that they were very satisfied with regard to the care received. No additional comments were provided on the questionnaires. However, ten patients told us that they were happy and content living in the home and that staff were good and kind to them.

Staff

- “Sometimes we don’t have enough staff.”
- “I’m very happy working here.”
- “Management are very approachable and issues are dealt with when identified.”
- “I find communication is sometimes not great. Information is sometimes not passed onto carers.”
- “I feel the floor should be covered at all times to provide the best care that needs to be provided.”

Relatives

- “We as a family feel our relative is safe in the home. Staff are approachable and take on board any concerns we have as a family regarding our relative.”
- “We are kept up to date with any changes regarding our relative.”

- “We feel welcome when visiting the home.”
- “Service is well run, manager is approachable and addresses any concerns we have. Any concerns we have had are always resolved by the manager or nursing staff.”
- “The only gripe I have is at times when I mention that xxx needs the toilet, they seem to take ages to tend to her needs.”

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 were knowledgeable in regards to their roles and responsibilities. Staff also confirmed that there were good working relationships and staff stated that the registered manager was responsive to any concerns raised.

The certificate of registration issued by RQIA was displayed in the home. A certificate of public liability insurance was current and displayed. Discussion with the registered manager, a review of care records and observations confirmed that the home was operating within its registered categories of care.

Review of the home’s complaints records and discussion with the registered manager 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. Relatives spoken with confirmed that they were aware of the home’s complaints procedure.

Discussion with the registered manager and 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.

There was evidence that a range of audits had been completed on a monthly basis, including care records, accidents/incidents, patients’ weights, the dining experience, modified diets and patient choice. As discussed in section 4.3, a system was in place to ensure all relevant staff had been provided with training in the management of food thickeners, assisting patients with meals and swallowing difficulties.

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

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

The registered provider/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 provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The 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 provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to nursing.team@rqia.org.uk for assessment 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 provider 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 provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements - None

Recommendations

Recommendation 1

Ref: Standard 41.9

Stated: First time

To be completed by:
30 November 2016

The registered manager should review the communication systems to ensure all relevant staff receive an effective handover report at the start of their shift and have enough information about patients to enable them to care for them. This includes relevant information regarding any changes to patients' care following discharge from hospital.

Ref: Section 4.4

Response by registered provider detailing the actions taken:

All registered nurses and senior care staff receive relevant information pertaining to resident care including any changes following discharge from hospital. The senior team attend handover at 07.45 and 19.45 as this ensures clear, open and transparent communication. This was discussed with the inspector on the day of inspection.

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews