

Unannounced Follow Up Care Inspection Report 3 October 2018



Greenhaw Lodge Care Centre

Type of Service: Nursing Home (NH)
Address: 42 Racecourse Road, Londonderry, BT48 8DA
Tel No: 028 7135 4725
Inspector: Michael Lavelle

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 42 persons.

3.0 Service details

Organisation/Registered Provider: Larchwood Care Homes (NI) Ltd Responsible Individual: Christopher Walsh	Registered Manager: See below
Person in charge at the time of inspection: Mary Bernadette Conway-McDaniel	Date manager registered: Mary Bernadette Conway-McDaniel application received - registration pending
Categories of care: Nursing Home (NH) DE – Dementia. A – Past or present alcohol dependence.	Number of registered places: 42

4.0 Inspection summary

An unannounced inspection took place on 3 October 2018 from 11.05 hours to 16.50 hours

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 Care Standards for Nursing Homes 2015.

The inspection sought to assess progress with issues raised since the last care inspection on the 14 June 2018.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*1	0

The total number of areas for improvement includes one which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Mary Bernadette Conway-McDaniel, manager, and Christopher Walsh, responsible individual, 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 23 August 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 23 August 2018. 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

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

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

During the inspection the inspector met with six patients, two patients' relatives and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. No responses were received.

An RQIA information leaflet 'how can I raise a concern about an independent health and social care service' was also provided to be displayed in the nursing home. A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from weeks commencing 24 September 2018 and 1 October 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- three patient care records
- a selection of patient care charts including food and fluid intake charts, personal care charts and reposition charts
- minutes of staff meetings and relatives meeting
- a sample of governance audits
- complaints record
- RQIA registration certificate
- a sample of 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 met or partially met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 23 August 2018

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

6.2 Review of areas for improvement from the last care inspection dated 14 June 2018

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 20 (1) (c) (i) Stated: First time	The registered person shall ensure all employees receive training appropriate to the work they are to perform.	Met
	This area for improvement is made in reference to infection prevention and control and adult safeguarding training.	
	Action taken as confirmed during the inspection: Discussion with the manager and staff and review of records evidenced infection prevention and control and adult safeguarding training was delivered following the previous care inspection.	

<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Improvements were observed since the previous care inspection on 14 June 2018. For example, there was availability of personal protective equipment (PPE) throughout the home and all alcohol gel dispensers were full and in good working order. It was pleasing to see the introduction of a bathroom quality check system. No malodours were detected during review of the environment and the staff toilet area was clean and tidy. The laundry area was clean, tidy and uncluttered and there was evidence that a robust cleaning schedule is now in place. Dining room tables and chairs were clean and storage cupboards were free from clutter. The home has also introduced a system to launder hoist slings.</p> <p>However, deficits were observed in relation to effective use of personal protective equipment, hand hygiene and clinical waste management. For instance: two members of staff failed to effectively decontaminate their hands and change PPE in-between patient contact; clinical waste bags were observed overflowing from an industrial bin outside with some bags observed on the ground around the bin. In addition, one bedside table in the foyer of the home was observed to be damaged, this should be replaced. Three overflowing sharps boxes were observed in an unlocked sluice; none were assembled correctly, one was overflowing and none of them were signed and dated by staff. A pedal operated bin was not working in an identified bathroom and gloves were observed disposed in a paper waste bin in an identified bedroom. There was also evidence that high dusting was not being completed in some identified bedrooms. These shortfalls were discussed with the manager who agreed to address them appropriately.</p> <p>This area for improvement has been partially met and is stated for a second time.</p>	<p>Partially met</p>
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<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the patients have access are free from hazards to their safety, and unnecessary risks to the health and safety of patients are identified and so far as possible, eliminated.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of the environment and discussion with staff evidenced that cleaning chemicals were prepared as per manufacturer’s guidance. Spray bottles containing chemicals were correctly labelled and stored safely. No sharps were observed stored in bathroom cupboards.</p>		
<p>Area for improvement 4</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure suitable arrangements for the secure storage of medicines.</p> <p>This area for improvement is made with specific reference to the storage of topical medicines.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of the environment evidenced topical medicines were appropriately stored.</p>		
<p>Area for improvement 5</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that nursing staff promote and make proper provision for the nursing, health and welfare of patients and where appropriate treatment and supervision of patients.</p> <p>This area for improvement is made in reference to the following:</p> <ul style="list-style-type: none"> • post fall management • wound management • care planning. 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of three patient care records evidenced that nursing staff promoted and made proper provision for the nursing, health and welfare of patients. Care records evidenced that a range of validated risk assessments were used and informed the care planning process. Such risk assessments and care plans for one patient who was recently admitted to the home were found to have been written in a timely and comprehensive manner.</p>		

	<p>Review of one patient care record evidenced that wound assessments were completed and involvement in wound management from the tissue viability nurse. There was evidence of appropriate evaluation and photos were taken to evidence the progress in wound healing. Review of the care plan evidenced that it did not direct the frequency of when dressings were to be changed. This was discussed with the manager who agreed to address this as appropriate with nursing staff.</p> <p>Review of a further care record evidenced when an identified patient had an unwitnessed fall, neurological and clinical observations were carried out consistently in accordance with best practice guidance and the homes policies. The patient's next of kin and care manager were appropriately notified and a new care plan was put in place to reflect the changing need of the patient. It was observed that a post fall risk assessment was not completed within 24 hours of the fall. This was highlighted with the manager and the need to ensure timely risk assessment post fall was stressed.</p>	
<p>Area for improvement 6</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure monthly audits should be completed in accordance with best practice guidance. Any shortfalls identified should generate an action plan to ensure learning is disseminated and the necessary improvements can be embedded into practice.</p> <p>This area for improvement is made in reference to infection prevention and control/environment audits.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>Review of governance arrangements evidenced audits for infection prevention and control and the environment were in place. Action plans were available for review and the manager confirmed they plan to discuss audit outcomes at future staff meetings. The manager was reminded to ensure all action plans have a review date and identify who is responsible to action deficits and within a specific timescale. This will be reviewed at a future care inspection.</p>	<p>Met</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 38.3 Stated: First time	<p>The registered person shall ensure staff are recruited and employed in accordance with relevant statutory employment legislation and mandatory requirements.</p> <p>This area for improvement is made with specific reference to obtaining pre-employment health checks.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that pre-employment checks were carried out to ensure staff were physically and mentally fit for their work prior to commencing employment.</p>	
Area for improvement 2 Ref: Standard 4.9 Stated: First time	<p>The registered person shall ensure that supplementary care records, specifically, reposition records, are completed in an accurate, comprehensive and contemporaneous manner.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of food and fluid intake charts, personal care charts and reposition charts evidenced these were completed in an accurate, comprehensive and contemporaneous manner.</p>	
Area for improvement 3 Ref: Standard 11 Stated: First time	<p>The registered person shall ensure the programme of activities reflects the preferences and choices of the patients and is evaluated regularly. This shall be displayed in a suitable format to meet the needs of the patients in the home.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of the environment evidenced an activity planner had been erected in the foyer of the home. Review of the planner and discussion with the activities co-ordinator confirmed a varied activities programme. It was pleasing to see a number of patients engaging in arts and crafts during the inspection. Patients spoken with commented positively on the activities. The activities co-ordinator confirmed that relatives were given</p>	

	<p>questionnaires at a recent meeting to feedback on activities in the home. The manager was reminded of the importance of evaluating activities on an at least six monthly basis. This will be reviewed at a future care inspection.</p>	
<p>Area for improvement 4 Ref: Standard 43.1 Stated: First time</p>	<p>The registered person shall ensure the internal environment for the home is arranged so far as to be suited to the needs of the patients.</p> <p>This area for improvement is made in reference to signage in the home.</p> <p>Action taken as confirmed during the inspection: Review of the environment evidenced appropriate signage was displayed throughout the home to orientate patients to bathrooms, bedrooms and toilets. It was observed that the bathroom beside room 16 did not have any signage. This was discussed with the manager who agreed to address this deficit.</p>	<p>Met</p>
<p>Area for improvement 5 Ref: Standard 12 Stated: First time</p>	<p>The registered person shall ensure the planned rotational menu is adhered to unless in exceptional circumstances. The rotational menu should be reviewed, updated and records retained reflecting patient's views. The menu should also be displayed in a suitable format.</p> <p>Action taken as confirmed during the inspection: Review of the dining area and discussion with staff evidenced the introduction of new menus. Catering staff were reminded to ensure changes to the planned menu are recorded. Staff confirmed that relatives have been asked to comment on meals and mealtimes at the recent relatives meeting and are awaiting feedback. The manager was reminded that patients should be involved in development of any new menus and changes to mealtimes. This will be reviewed at a future care inspection.</p>	<p>Met</p>

6.3 Inspection findings

The inspection sought to validate the areas for improvement identified at the last inspection on 14 June 2018.

The nurse in charge 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 rota from weeks commencing 24 September 2018 and 1 October 2018 evidenced that the planned staffing levels were not adhered to on at least two occasions, including the day of inspection. Housekeeping records also evidenced that planned housekeeping staffing levels were not adhered to on at least ten occasions in September 2018.

The issue of staffing levels was discussed with both the registered manager and registered person during the inspection. The manager acknowledged challenges in relation to unplanned absences/recruitment and confirmed that there was ongoing recruitment and induction for new staff. The manager confirmed a review of staffing levels within the home was already an area of focus for senior management and they plan to have three registered nurses on duty during the day once they successfully recruit new staff. This will be reviewed at a future care inspection.

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 records and discussion with the manager evidenced systems were in place to record staff supervision and appraisals and competency and capability assessment.

Discussion with the manager and review of records evidenced 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).

Review of the home's complaints records evidenced that systems were in place to ensure 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.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients' needs in a caring manner.

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the safe moving and handling of patients. Dates for upcoming training were displayed within the home.

Discussion with the manager confirmed that staff meetings were held on a regular basis and that minutes were maintained. Staff confirmed that such meetings were held and that the minutes were made available. Records confirmed that the most recent registered nurses meetings were conducted on 19 June 2018 and 16 August 2018. Care assistant meetings occurred on 19 June 2018 and 25 July 2018, although no minutes were available for the July meeting. A meeting for housekeeping staff was held on 20 June 2018 and minutes were available, however there were no subsequent meetings planned. The manager was reminded that meetings for all staff should be held on a regular basis, at a minimum quarterly and minutes retained. The manager was

advised to plan meetings in advance for the next year for all staff. This will be reviewed at a future care inspection.

The manager advised that patient and/or relatives meetings were held on a bi-annual basis. Minutes were available. One relative spoken with during the inspection was pleased that a recent relatives meeting had taken place and was attended by senior management. Another relative spoken with was complimentary of care within Greenhaw Lodge Care Centre. Further comments received included:

“I feel the home needs an overhaul. The care staff are absolutely fantastic. They go over and above. There has been some improvement since the last inspection. I have not been involved in a care plan review despite having requested this.”

“My relative is getting on well. I have no complaints.”

The above comments were discussed with the manager who confirmed all patient’s care records were subject to review and next of kin will be invited to input to the process.

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 and fresh smelling throughout. One domestic trolley was observed unsupervised during review of the environment. This was discussed with housekeeping staff and the manager who agreed to monitor this.

Observation of the lunch time meal evidenced that patients were given a choice in regards to the meals being served. The dining area appeared to be clean, tidy and appropriately spacious for patients and staff. Staff demonstrated a good knowledge of patients’ wishes, preferences and assessed needs as identified within the patients’ care plans and associated dietary requirements. All patients appeared content and relaxed in their environment and staff engaged enthusiastically and warmly with patients throughout their meal.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to training, engaging with patients and patients’ relatives/representatives and managing the dietary needs of patients.

Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 Mary Bernadette Conway-McDaniel, manager, and Christopher Walsh, responsible individual, 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

<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure suitable arrangements are in place to minimise the risk/spread of infection between patients and staff.</p> <p>This area for improvement is made in reference to the issues highlighted in section 6.4 of the previous care inspection report.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Clinical Waste - a second bin was ordered on day of inspection so there should be no overspill.</p> <p>Staff shall be continuously reminded to decontaminate their hands, change PPE and dispose of gloves correctly through Induction, training, handover, Staff meetings and audit.</p> <p>Staff have been informed about sharp boxes and the need to assemble boxes correctly, date and signature.</p> <p>House keeping staff have been spoken to about high dusting, monthly audit in place</p> <p>Staff have been advised to report promptly if bins are broken so that can be replaced.</p>

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



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