

# Unannounced Care Inspection Report

## 1 June 2017



## Greenhaw Lodge Care Centre

**Type of Service: Nursing Home**

**Address: 42 Racecourse Road, Londonderry, BT48 8DA**

**Tel No: 028 7135 4725**

**Inspector: Loretto Fegan**

[www.rgia.org.uk](http://www.rgia.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.

## 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 43 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Larchwood Care Homes (NI) Ltd Christopher Walsh	<b>Registered Manager:</b> Ronagh McCaul
<b>Person in charge at the time of inspection:</b> Ronagh McCaul	<b>Date manager registered:</b> 7 March 2012
<b>Categories of care:</b> Nursing Home (NH) A – Past or present alcohol dependence DE – Dementia	<b>Number of registered places:</b> 43

### 4.0 Inspection summary

An unannounced inspection took place on 01 June 2017 from 09.20 to 16.30 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 DHSSPS Care Standards for Nursing Homes 2015.

The inspection assessed if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the home providing safe, effective, compassionate and well led care. It was commendable that the home have planned virtual reality dementia training sessions in September 2017 for staff and relatives. The registered manager also advised that the home were finalists in an award for excellence in dementia care.

An area of improvement was identified in relation to ensuring that the frequencies of Malnutrition Universal Screening Tool (MUST) risk assessment reviews are completed in accordance with best practice.

Patients and relatives stated that they were happy with the care in the home. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Miss Ronagh McCaul, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

## 4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection on 2 February 2017. Enforcement action did not result from the findings of this inspection.

No further actions were required to be taken following the most recent inspection on 2 February 2017.

## 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.

During the inspection the inspector met with 12 patients, seven staff and six patient representatives. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution. Care practices were observed and a review of the home's environment undertaken as part of the inspection process.

The following records were examined during the inspection:

- duty rota for nursing and care staff from 22 May 2017 to 4 June 2017
- 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 files and one staff induction file
- three patient care records
- patient care charts including records relating to activities and management of restrictive interventions
- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate

- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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.

An area for improvement identified at the last care inspection on 10 November 2016 was reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the most recent inspection dated 02 February 2017

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

### 6.2 Review of areas for improvement from the last care inspection dated 10 November 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 41.9  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager, two registered nurses and a senior care assistant confirmed the arrangements in place to ensure that all relevant staff receives sufficient information about patients at the start of their shift to	

	enable them to care for the patients. They confirmed that this included relevant information regarding any changes to patients' care following discharge from hospital.	
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### 6.3 Inspection findings

#### 6.4 Is care safe?

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

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 rota for weeks commencing 22 May and 29 May 2017 evidenced that the planned staffing levels were adhered to. In addition to nursing and care staff rotas, it was confirmed that administrative, maintenance, catering, domestic and laundry staff were employed in sufficient numbers for the efficient running of the home. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. However, there was no written evidence of employment gaps been explored in respect of one person prior to them commencing work in the home. The registered manager provided an assurance that these gaps in the employment history were explored by her, prior to the person commencing work in the home. The registered manager has provided confirmation to RQIA on 20 June 2017 that staff who conduct interviews are now aware that any gaps in employment history are explored. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

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. Discussion with the registered manager and a review of the training matrix confirmed that the majority of staff had completed their mandatory training for the current year. Following the inspection, RQIA received written confirmation on 20 June 2017 from the registered manager confirming completion of all mandatory training requirements. There was evidence of staff undertaking additional training to support them in the care of patients with dementia. The home have planned virtual reality dementia training sessions in September 2017 for staff, the registered manager advised that relatives can also avail of this learning opportunity. All staff spoken with during the inspection were satisfied with the training provided to fulfil their duties. Discussion with the registered manager, staff on duty and a review of the records confirmed that there were systems in place to ensure that all staff received appraisal and supervision. The registered manager also advised that the home had an 'open door' policy for staff to discuss care practices and other issues when required. There was evidence that competency

and capability assessments were undertaken for registered nurses in charge of the home in the absence of the registered manager and that these were reviewed annually.

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 demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. Discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A safeguarding champion had been identified. A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and RQIA were notified appropriately.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the previous care inspection confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges and the dining room. The home was found to be warm, well decorated, fresh smelling and clean. Supplies of appropriate personal protective equipment were available in relation to the prevention and control of infection. There was evidence of ongoing re-decorating and refurbishment of the home. Fire exits and corridors were observed to be clear of clutter and obstruction and equipment was appropriately stored.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment. It is commendable that the home have planned virtual reality dementia training sessions in September 2017 for staff and relatives.

### Areas for improvement

The registered manager confirmed that issues identified during the inspection have now been addressed. There are no areas for improvement identified.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.5 Is care effective?

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

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and that risk assessments informed the care planning process. Risk assessments were reviewed in accordance with best practice with the exception of the Malnutrition Universal Screening Tool (MUST) which had been last re-



assessed on 30 March 2017. The recording of patients' monthly weights in a communal record contributed to this oversight as the information was not contemporaneously transcribed to twelve patients' individual care records. The registered manager confirmed with RQIA on 20 June 2017 that the relevant information was transcribed into the individual patient care records on the day of inspection.

The three care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with best practice. 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 the dietician and speech and language therapist. There was evidence that the care planning process included input from patients where possible and/or their representatives. A supplementary care chart examined evidenced that a restrictive intervention employed in relation to one patient was managed in accordance with best practice.

A random sample of patient care records relating to activities was examined, which evidenced a range of planned group and individual activities. A separate record for each patient's planned activities devised by the activities co-ordinator was retained in a communal file which care staff referred to when facilitating activities. A record was maintained of activities undertaken and a rationale was provided on the day of inspection for variances between some planned activities and those actually undertaken, which included the patients' rights to decline or refuse participation in planned activities. Following discussion with staff and the registered manager, it was agreed that regular evaluation of each patient's participation in planned activities would be recorded as part of their overall nursing review process, so that if required alternative activities could be planned in accordance with the patients assessed needs and preferences. The registered manager has confirmed with RQIA on 20 June 2017 that care plans relating to activities are now incorporated into individual patient care records.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. Discussion with staff confirmed that nursing and senior care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover and relevant and timely information shared with care staff provided the necessary information regarding any changes in patients' condition.

Discussion with staff and the dates and attendance list of staff group supervision sessions verified that staff groups met with the manager on a regular basis. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or nurse in charge.

The registered manager advised that an "open door" policy in relation to communication with patients and relatives is in operation. The registered manager confirmed that relatives are invited to attend care reviews organised by the relevant Healthcare Trust and social events in the home. Relatives spoken with during the inspection were satisfied with communication within the home.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to record keeping, activities and communication between residents, relatives, staff and other key stakeholders.



## Areas for improvement

The following area was identified for improvement:

The frequency of Malnutrition Universal Screening Tool (MUST) risk assessment reviews should be completed in accordance with best practice.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 6.6 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Staff were observed offering patients support and assistance with lunch, whilst mobilising and participating in activities. Their interactions with patients were observed to be compassionate, caring and respectful. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent. Arrangements were in place to meet patients' religious and spiritual needs within the home.

Patients spoken with were complimentary regarding the care they received and life in the home. 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, their representatives and staff on the running of the home. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered.

As part of the inspection process, we issued questionnaires to staff, patients and their representatives. Responses were received by RQIA from six members of staff within the specified timeframe. All responses indicated high levels of satisfaction with the care provided and leadership within the home. Staff spoken with during the inspection concurred with this and confirmed that communication was good in the home. They were also positive about the training and support mechanisms in place to do their job.

Discussions were held with 12 patients. Patients spoken with were positive regarding the care they were receiving.

Patients' comments included:

"love it here, food fantastic and staff are lovely"

"happy here"

"choose the clothes I want to wear, food is nice."

During the inspection, discussion took place with six patient representatives. They were satisfied with the care provided and in relation to communication with staff.

Representatives' comments included:

“care excellent”  
 “care amazing”  
 “all the staff are lovely.”

There were no questionnaires received from patients or relatives. Any comments from patients, patient representatives and staff in returned questionnaires received after the return date will be shared with the registered manager for their information and action as required.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

#### 6.7 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities and confirmed that they had access to the home's policies and procedures. Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager confirmed that the home was operating within its registered categories of care.

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. 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 of the home having systems and processes in place to monitor the delivery of care and services. This included the completion of Regulation 29 monitoring visits in accordance with the regulations and/or care standards with an action plan generated to address any areas for improvement. There was evidence of audits conducted in relation to accidents, care records, infection prevention and control and the use of bedrails and restraint. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified.

Discussion with the registered manager and staff confirmed that 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.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Miss 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 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 DHSSPS 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 to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit [www.rqia.org.uk/webportal](http://www.rqia.org.uk/webportal) or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The DHSSPS Care Standards for Nursing Homes (2015)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time	<p>The registered person shall ensure that the frequency of Malnutrition Universal Screening Tool (MUST) risk assessment reviews are in accordance with best practice</p> <p>Ref: Section 6.5</p>
<b>To be completed by:</b> 02 June 2017	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The registered person has ensured that frequency of malnutrition universal screening tool risk assessment reviews are in accordance with best practice guidelines. This has been achieved through meetings with staff and supervisions. This will be under the review of the provider at monthly visits.</p>

***\*Please ensure this document is completed in full and returned to [Nursing.Team@rqia.org.uk](mailto:Nursing.Team@rqia.org.uk) from the authorised email address\****



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