Unannounced Care Inspection Report
4 February 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

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.

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 4 February 2020 from 11.20 hours to 18.00 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas for improvement in respect of the previous estates inspection has also been reviewed and validated as required. This is discussed further in 6.1 of this report.

Review of the outstanding areas for improvement in relation to medicines management could not be validated during this inspection and raised some concerns regarding how medicines were being managed within the home. A medicines management inspection was planned and completed on 25 February 2020. The outcome of that inspection is detailed in a subsequent report.

Evidence of good practice was identified in relation to communication between patients, staff and other key stakeholders and maintaining good working relationships. Further areas of good practice was identified in relation to the culture and ethos of the home, listening to and valuing patients and their representatives and taking account of the views of patients.

An area for improvement was identified during this inspection in relation to supplementary recording charts. The management of quality governance audits was identified as an area for improvement at the previous care inspection which has been stated for a second time.

Patients described living in the home in positive terms. Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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	0	*4

*The total number of areas for improvement includes one standard which has been stated for a second time and two standards which have been carried forward to be assessed by the pharmacist inspector.

Details of the Quality Improvement Plan (QIP) were discussed with Mary Bernadette Conway – McDaniel, Registered 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 17 June 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 17 June 2019. 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including estates and medicines management, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 27 January 2020 to 9 February 2020
- incident and accident records
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- one staff recruitment and induction file
- three patient care records
- three patient care charts including food and fluid intake charts and repositioning charts
- a sample of governance audits/records
- minutes of registered nurse meeting
- legionella risk assessment for 2018
- medicine administration records
- personal medication records
- medicine audits
- a sample of reports of monthly monitoring reports from December 2020

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met, partially met, or not 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 previous inspection(s)

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 21 **Stated:** First time	The registered person shall ensure that all persons are recruited in accordance with best practice and legislation and that the efficacy of this is present in staff recruitment and selection files prior to commencing employment.	**Met**
	Action taken as confirmed during the inspection: Review of a sample of staff recruitment and selection records confirmed that this area for improvement had been met.	

Area for improvement 2 **Ref**: Standard 20 **Stated:** First time	The registered person shall ensure that all staff employed and who are registered with a regulatory body have regular checks carried out to ensure that they are registered to carry out their role.	**Met**
	Action taken as confirmed during the inspection: Review of a sample of governance records confirmed that this area for improvement had been met.	
Area for improvement 3 **Ref:** Regulation 14 (2) (a) (b) and (c) **Stated:** First time	The registered person shall ensure that as far as reasonably practicable unnecessary risks to the health or safety of patients is identified and so far as possible eliminated. This is in relation to the unsupervised use of kettles and a microwave within the enhanced dementia units.	**Met**
	Action taken as confirmed during the inspection: Observation of the environment evidenced that kettles had been removed and a risk assessment had been carried out on the use of a microwave confirming that this area for improvement had been met.	
Area for improvement 4 **Ref**: Regulation 13 (1) (a) **Stated:** First time	The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals. Specific reference to care plans and daily records: • 24 hour fluid intake total should be documented within daily evaluation records and action taken if below recommended intake • Repositioning records should include the date, frequency of repositioning as per care plan, the condition of the patient's skin and any comments on interventions utilised.	**Met**

	Action taken as confirmed during the inspection: Review of a sample of supplementary charts and care records evidenced that this area for improvement had been met.	
Area for improvement 5 **Ref:** Regulation 30 **Stated:** First time	The registered person shall ensure that all relevant notifications are reported to RQIA without delay and that there staff are suitably trained in how to submit notifications in the absence of the manager.	**Met**
	Action taken as confirmed during the inspection: Review of a sample of accident/incidents and governance records/audits confirmed that this area for improvement had been met.	

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 29 **Stated:** Second time	The registered person shall make the necessary arrangements to ensure records of medicines administration are completed accurately.	**Carried forward to be assessed by the pharmacist inspector**
	Action taken as confirmed during the inspection: This area for improvement could not be validated and was carried forward to be assessed by the pharmacist inspector.	
Area for improvement 2 **Ref**: Standard 29 **Stated:** First time	The registered person shall develop a monitoring system to ensure that personal medication records are fully and accurately maintained.	**Carried forward to be assessed by the pharmacist inspector**
	Action taken as confirmed during the inspection: This area for improvement could not be validated and was carried forward to be assessed by the pharmacist inspector.	

Areas for improvement from the last premises inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 44.8 **Stated:** First time	The registered person shall ensure that the action plan of the legionella risk assessment report is addressed and signed off by the risk assessor or the relevant responsible person.	**Met**
	Action taken as confirmed during the inspection: Review of the legionella risk assessment report confirmed that this area for improvement had been met.	
Area for improvement 2 **Ref**: Standard 6.3 **Stated:** First time	The registered person shall make arrangements to reinstate one bath in the home.	**Met**
	Action taken as confirmed during the inspection: Observation of the environment confirmed that this area for improvement had been met.	

6.2 Inspection findings

Staffing provision

On arrival to the home at 11.20 hours we were greeted by staff who were helpful and attentive and appeared confident in their delivery of care. The majority of patients were seated within one of the lounges whilst others remained in bed and staff were attending to their needs. The staff were observed to use every interaction as an opportunity for engagement with patients and they demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. There was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff.

We reviewed staffing rotas from 27 January 2020 to 9 February 2020 which evidenced that the planned staffing levels were adhered to. Staff spoken with confirmed that they were satisfied that there was sufficient staff on duty to meet the needs of the patients but did say that this can be affected occasionally with short notice absence. Staff also stated that they felt supported by the manager. Comments included:

- "I love it here."
- "Feel very supported."
- "Very happy working here."
- "Great induction."
- "Lots of training."
- "Great teamwork."

We reviewed staff training records specific to the Mental Capacity Act (Northern Ireland) 2016 deprivation of liberty safeguards (DoLS) which evidenced that the majority of staff had completed level 2 training. The manager confirmed that further dates were scheduled for level 3 training for relevant staff. Staff demonstrated a general knowledge of what a deprivation of liberty is and how to ensure the appropriate safeguards are in place.

Discussion with staff evidenced that care staff were required to attend a handover meeting at the beginning of each shift. Staff understood the importance of handover reports in ensuring effective communication and confirmed that this was part of their daily routine.

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 management or the nurse in charge.

Patient health and welfare

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 timely and caring manner. Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Greenhaw Lodge.

Consultation with eight patients individually, and with others in small groups, confirmed that living in Greenhaw Lodge was a positive experience. Patient's said:

- "Happy here."
- "Staff are while good."
- "Great care."
- "Food is nice."

Patient representatives/visitors spoke positively in relation to the care provision in the home. They said:

- ''Care is very good."
- "Very happy with the care."
- "Staff are very attentive."
- "Manager very approachable."
- "Staff are great."
- "Staff are very friendly."

We observed the serving of the lunchtime meal which commenced at 12.30 hours. Patients were assisted to the dining room or had trays delivered to them as required. The menu was on display and offered a choice of two main meals. The dining room was well presented with condiments and drinking glasses available at each table and staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Staff were observed assisting patients with their meal appropriately and wore aprons when serving or assisting with meals. A range of drinks were offered to patients and they appeared to enjoy the mealtime experience.

We discussed the management of patients' money and valuables with the manager and the responsible individual specific to identified patients who lack capacity and where the home is the managing authority. The manager agreed to liaise with the commissioning trust for one identified patient to ensure that relevant documentation is available in accordance with DoLS.

General environment

In general the hygiene of the environment was satisfactory with some areas noted to be better maintained than others. A number of furniture/equipment such as over bed tables, bedframes, fall out mats, bedrail protectors and armchairs within identified patient bedrooms and lounges were observed to be damaged and therefore not able to be effectively cleaned. Dust was also evident to high and low surfaces in a number of rooms and debris was observed in the corner of an identified lounge behind furniture. We further identified a floor covering within the corridor of one of the enhanced dementia units where the seal was damaged and presented as a potential trip hazard. The above issues were discussed in detail with the manager, some of which were discussed at the previous inspection where the manager had agreed to enhance the audit tool to include all areas of the environment.

On review of the environmental audits there was no evidence that the above items of furniture/equipment had been included to the audit tool. A discussion was held with the manager and the responsible individual in relation to providing assurances that a review of all areas within the home would be initiated including the monitoring of high and low surfaces to ensure they are reviewed on a regular basis and action taken where deficits are identified. The manager and the responsible individual agreed that an audit would be completed over a ten day period from the date of inspection and that a list of items of furniture required would be forwarded to head office for ordering. The manager further confirmed that a new floor covering had been ordered for the identified area and agreed to have the floor sealed whilst awaiting a suitable replacement date. Following the inspection information was received from the manager including two new audit templates and an update that audits remained a working progress and had not been fully completed in the agreed time frame. To ensure that the necessary actions are taken to drive and sustain improvements this has been stated for a second time.

Management of patient care records

Review of three patient care records evidenced that care plans were mostly in place to direct the care required and generally reflected the assessed needs of the patients. Daily progress notes included a 24 hour total fluid intake and action taken if the recommended fluid intake had not been maintained. On review of three patients' property records on admission it was identified that there was no date on the recording charts and signatures were missing from one patient's records. This was discussed with the responsible individual and the manager who acknowledged the importance of ensuring that these records are signed and dated appropriately and agreed to monitor this going forward. We further identified that the bowel type and normal frequency was not included within one identified patient's care plans with a history of constipation and although the daily progress notes made reference to the patient's elimination a discussion was held with the manager who agreed to communicate with relevant staff the importance of including this in patient care plans. The areas above will be reviewed at a future inspection.

On review of a sample of repositioning records it was evident that the charts included the date, frequency of repositioning as per care plan, the condition of the patient's skin and any comments on interventions utilised. However, for two identified patients there were two occasions over a three day period where they had not been repositioned as per their care plan. On discussion with the manager regarding the recommended frequency of repositioning the manager acknowledged that two hourly repositioning for these patients was no longer necessary and agreed to review the patients care plans and risk assessments. Following the inspection the manager confirmed that relevant records were reviewed and updated.

We also reviewed a sample of dietary/fluid intake charts which evidenced that the recommended dietary type and fluid consistency was not documented and although staff were knowledgeable when questioned regarding patients dietary needs which accurately reflected the care plans, the importance of such documentation to reduce potential risks to patients was discussed with the manager. Following the inspection the manager provided written confirmation that all relevant care plans regarding dietary needs had been reviewed and a new recording chart with the recommended dietary/fluid type had been initiated and communicated with staff for all relevant patients. To ensure that the necessary actions are taken to drive and sustain improvements this has been identified as an area for improvement.

Management and governance arrangements

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were not recorded. This was discussed with the manager who updated the duty rotas and the responsible individual agreed to monitor during monthly monitoring visits. This will be reviewed at a future inspection.

A number of audits were completed on a monthly basis by the manager to ensure the safe and effective delivery of care. Environmental audits were carried out monthly which identified some of the issues as discussed above but did not always have evidence of a clear action plan with timeframes and follow ups. Medicine audits were carried out monthly by the clinical lead and where deficits were identified they were documented as being shared with the manager. However, there was no evidence of any action plan or follow up to ensure that relevant action had been taken and/or lessons learned to prevent reoccurrence. On review of a sample of medication records for three patients a number of deficits were identified and shared with the pharmacy inspector for appropriate action. These records raised concerns that medicines were not being appropriately managed and a medicines management inspection was completed on 25 February 2020. The outcome of this inspection identified serious concerns including medicines being out of stock and ineffective governance arrangements. The findings are detailed in a separate report.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual. Copies of the report were available for patients, their representatives, staff and trust representatives. Although the reports documented that audits had been carried out, not all of the issues that were evident during the inspection in relation to the environment or medicines management had been documented. Assurances were provided that future monitoring visits would review the content of the audits and establish appropriate action plans where necessary.

Areas for improvement

An area for improvement was identified in relation to supplementary recording charts.

	Regulations	Standards
Total number of areas for improvement	0	1

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, Registered 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 29 **Stated:** Second time **To be completed by:** 4 January 2019	The registered person shall make the necessary arrangements to ensure records of medicines administration are completed accurately. Ref: 6.1 and 6.2
	This area for improvement has been carried forward to be assessed by the pharmacist inspector.
Area for improvement 2 **Ref**: Standard 29 **Stated:** First time **To be completed by:** 4 January 2019	The registered person shall develop a monitoring system to ensure that personal medication records are fully and accurately maintained. Ref: 6.1 and 6.2
	This area for improvement has been carried forward to be assessed by the pharmacist inspector.
Area for improvement 3 **Ref**: Standard 35 **Stated:** Second time **To be completed by:** 14 February 2020	The registered person shall ensure that management systems are in place to assure the safe delivery of quality care within the home. The registered manager must ensure; • Environmental audits are sufficiently robust to include all areas of the environment Ref: 6.1 and 6.2
	Response by registered person detailing the actions taken: A Environmental audits have been completed most recently (19 March 2020) the audit process has been reviewed and ammended to include all areas of the Home. An action plan has been formulated from the completed audits and shared with the relevant personnel. This action plan is monitored and overseen by the Home Manager. In addition other monthly audits have been implemented to include checks on bed frames, bed rails, bumpers and crash mats.

Area for improvement 4 **Ref**: Standard 4 **Stated:** First time **To be completed by:** With Immediate effect	The registered person shall ensure that all nursing interventions are appropriate to the individual patients needs and supported by current evidence and best practice guidelines. Specific reference to dietary and fluid intake recording charts: • Dietary type and fluid consistency should be recorded on daily intake charts to direct relevant care. Ref: 6.2
	Response by registered person detailing the actions taken: A new care prescription chart has been implemented and placed in each supplementary care file to direct Carers

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

The Regulation and Quality Improvement Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

Assurance, Challenge and Improvement in Health and Social Care