Unannounced Care Inspection Report
8 and 10 September 2020

Greenhaw Lodge Care Centre

Type of Service: Nursing Home
Address: 42 Racecourse Road, Londonderry, BT48 8DA
Tel No: 028 7135 4725
Inspectors: Jane Laird, Judith Taylor and Phil Cunningham

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for

2.0 Profile of service

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

3.0 Service details

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

4.0 Inspection summary

An unannounced care and medicines management inspection took place on 8 September 2020 from 09.10 to 18.00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. In response to this RQIA decided to undertake an inspection to this home.

The following areas were examined during the inspection:

- management, leadership and governance arrangements
- staffing arrangements
- infection prevention and control (IPC) measures
- the home's environment
- medicines management
- care delivery and care records

Serious concerns were identified during the inspection with regard to the management, leadership and governance arrangements within the home. There was a lack of robust systems to regularly review the quality of care and other services provided by the home. This included, but is not limited to, infection prevention and control measures, risk management, governance audits, maintenance of duty rotas, the oversight and management of the home's environment and the recording and reporting of notifiable events specific to hot water temperatures. These deficits had the potential to impact on the health, safety and well-being of patients and quality of care delivered in the home. As a result an unannounced premises inspection was undertaken on 10 September 2020. The premises inspection identified significant concerns regarding the

hot water temperatures and water pressure within identified patients' bedrooms with the potential risk of proliferation of legionella bacteria in the water system within the home. Maintenance records were inspected and these indicated that correct temperatures had not been consistently maintained for a number of months. In addition, there were significant leaks in the plumbing which would require extensive remedial works to make good.

As a consequence, a meeting was held on 16 September 2020 with RQIA with the intention of issuing five failure to comply notices under The Nursing Homes Regulations (Northern Ireland) 2005 and a notice of proposal to impose conditions on the registration of the home under Article 18 of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (The Order), in relation to:

- Regulation 10 (1) relating to governance
- Regulation 13 (1) relating to the health and welfare of patients
- Regulation 13 (7) relating to IPC practices
- Regulation 14 (2) (a) (b) (c) relating to risk management
- Regulation 27 (2) (b) (c) (d) (j) relating to fitness of premises

The meeting was attended via video conference by Chris Walsh, Responsible Individual, Nuala Green, Managing Director Larchwood Care Homes (NI) Ltd, Mary Bernadette Conway - McDaniel, Manager and a representative of Grant Thornton, owners of the building.

At the meeting the home's representatives discussed the actions that had been taken since the inspection and provided an action plan confirming how the home would address the deficits going forward. Whilst assurances were accepted in relation to the IPC practices, RQIA were not assured in relation to the other matters raised.

Four of the five failure to comply notices were issued under Regulation 10 (1), Regulation 13 (1) (a) (b), Regulation 14 (2) (a) (b) (c) and Regulation 27 (2) (b) (c) (d) (j), with the date of compliance to be achieved as detailed on the individual notices. A notice of proposal was also issued to cease admissions to the home and for the provider to submit a quality monitoring report on a fortnightly basis.

On the 18 September 2020 at 17.30 hours, information was received from the managing director of Larchwood Care Homes (NI) Ltd confirming that the interim microbiology water test results indicated that there were high levels of legionella bacteria present within the water systems of Greenhaw Lodge Care Centre. RQIA liaised closely with HSENI, WHSCT and the provider to ensure immediate control measures were put in place to protect patients. As the water had to be turned off to the affected outlets throughout the home, RQIA were concerned that this would negatively impact on the staffs' ability to provide personal care to patients and to maintain satisfactory IPC measures. In addition, the extent and duration of required remedial works to the home would potentially cause unacceptable disruption to the patients.

RQIA were concerned regarding the health and well-being of the patients in the home and on 22 September 2020 applied to a Justice of the Peace to impose urgent conditions on the registration of Mr Christopher Walsh, Responsible Individual for Larchwood Homes NI Limited, in respect of Greenhaw Lodge Care Centre on the 22 September 2020 (see section 6.3). The order was granted and came into immediate effect. The following conditions were imposed:

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

Despite enforcement action being taken, areas of good practice in relation to the compassionate and caring attitude of staff towards the patients were evidenced.

Comments received from patients and staff during 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, and enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	3

As part of the inspection process, details of the Quality Improvement Plan (QIP) were discussed with Mary Bernadette Conway - McDaniel, Manager, and Chris Walsh, Responsible Individual, and two other senior staff present on the day of the inspection. The timescales for completion commence from the date of inspection.

Four failure to comply notices under Regulation 10 (1), Regulation 13 (1) (a) (b), Regulation 14 (2) (a) (b) (c) and Regulation 27 (2) (b) (c) (d) (j), with the date of compliance to be achieved by the dates detailed on the individual notices.

FTC Ref: FTC000116 with respect to Regulation 10 (1)
FTC Ref: FTC000117 with respect to Regulation 13(1) (a) (b)
FTC Ref: FTC000118 with respect to Regulation 14 (2) (a) (b) (c)
FTC Ref: FTC000119 with respect to Regulation 27 (2) (b) (c) (d) (j).

The enforcement policies and procedures are available on the RQIA website.
https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/

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

5.0 How we inspect

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

- notifiable events since the last care, medicines management and premises inspection
- the registration status of the home
- written and verbal communication received since the last care, medicines management and premises inspections
- the returned QIP from the last care and premises inspections
- the last care, medicines management and premises inspection reports

Questionnaires and 'Tell us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

The following records were examined during the inspection:

- duty rota for all staff for weeks commencing 28 August 2020 and 7 September 2020
- records confirming registration with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- three patients' care records
- five patients supplementary charts
- a sample of governance audits/records
- complaints folder
- compliments received
- a sample of monthly monitoring reports from July 2020
- water temperature checks.

In relation to medicines management, we also reviewed a sample of the following records:

- personal medication records
- medicine administration
- medicine receipt and disposal
- controlled drugs
- care plans related to medicines management:
    - three patients requiring a modified diet
    - five patients' prescribed medicines for pain
    - three patients' prescribed high risk medicines
    - five patients' prescribed medicines for distressed reactions
- governance and audit for medicines management
- staff training and competency for medicines management
- medicine storage temperatures

Areas for improvement identified at the last care inspection were reviewed and an assessment of compliance was recorded as 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)

The most recent inspection of the home was an announced medicines management enforcement monitoring inspection undertaken remotely on 13 May 2020. This was undertaken to assess compliance with two failure to comply notices which were issued in relation to medicines management and medicines governance arrangements. There was no further action to be taken following this inspection.

Areas for improvement from the last care inspection		
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 35 **Stated:** Second time	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.	**Partially Met**
	Action taken as confirmed during the inspection: Review of a sample of environmental audits evidenced that the template had been reviewed to include all areas of the environment. However, there were concerns regarding the oversight and effectiveness of the audit process which is discussed further in 6.2.1. This area for improvement has not been fully addressed and has therefore been subsumed into the failure to comply notices.	
Area for improvement 2 **Ref**: Standard 4 **Stated:** First time	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.	**Met**

	Action taken as confirmed during the inspection: Review of a sample of dietary and fluid intake recording charts evidenced that a new template form had been devised since the previous care inspection on the 4 February 2020 which included the dietary type and fluid consistency of patients to direct relevant staff.	

6.2 Inspection findings

6.2.1 Management, leadership and governance arrangements

On arrival to the home the manager advised us that routine COVID-19 testing of staff was being carried out as per regional guidance. We observed the manager to be extremely busy completing staff testing and carrying out administrative duties whilst also trying to manage the home including visitor temperature checks. We shared our observations with the manager who advised that the administrator was on planned leave. We discussed the importance of ensuring that adequate support is available especially when COVID-19 testing of staff is scheduled. The manager was later assisted by the support manager for the company and one of the clinical lead nurses.

We asked the manager for a copy of the registered nurses competency and capability assessments for taking charge of the home in the absence of the manager and were advised that these assessments had not been completed. This was concerning due to the number of recently appointed nurses. The manager was advised to complete these assessments as a priority.

As discussed above in section 6.1, the environmental audit template had been updated following the care inspection on 4 February 2020 to include all areas of the home. However, the audit process did not contain timeframes to address the issues identified and also failed to fully record details of surface damage to patient equipment, floor coverings and furniture. We further reviewed a sample of governance audits which had been carried out by management. The audits failed to identify the issues observed during the inspection in relation to the management of pressure area care, risk management and IPC practices.

We identified that there was no hot water to wash our hands within a bedroom in unit B and requested a copy of water temperature checks. On review of the temperatures recorded it was evident that there were multiple bedrooms within unit B where the hot water temperatures were recorded as low. RQIA received a whistleblowing concern in March 2020 that a leak had been identified within the plumbing system, affecting hot water temperatures and water pressure. We were assured by the Managing Director that this had been resolved and that there was hot water available to all areas of the home.

During the premises inspection on 10 September 2020 the records indicated that low temperatures had persisted since March 2020. RQIA also found this to be the case on the day of the inspection. RQIA had not been kept informed regarding the persistent issue of a lack of hot water and that staff were utilising other areas of the home to access hot water and to shower patients.

It was further concerning that RQIA had to direct the home on the corrective action to be taken in respect of legionella bacteria sampling as control measures had not been appropriately responded to, as outlined within the relevant approved codes of practice, issued by HSENI; and in ensuring patients and staff could access hot water to undertake washing and cleaning.

On the 18 September 2020 at 17.30 hours, information was received from the managing director of Larchwood Care Homes (NI) Ltd confirming that the interim microbiology water test results indicated that there were high levels of legionella bacteria present within the water systems of Greenhaw Lodge Care Centre. RQIA liaised closely with HSENI, WHSCT and the provider to ensure immediate control measures were put in place to protect patients. As the water had to be turned off to the affected outlets throughout the home, RQIA were concerned that this would negatively impact on the ability to provide personal care to patients and staffs' ability to maintain satisfactory IPC measures. In addition, the extent and duration of required remedial works to the home would potentially cause unacceptable disruption to the patients.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual and copies of the report were available for patients, their representatives, staff and WHSCT representatives. Although the reports provided an overview of the conduct of the home, they failed to identify the areas of concern evidenced during this inspection and the potential health and safety risks to both patients and staff.

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

RQIA were concerned regarding the health and well-being of the patients in the home and on 22 September 2020 applied to a Justice of the Peace to impose urgent conditions on the registration of Mr Christopher Walsh, responsible individual for Larchwood Homes NI Limited, in respect of Greenhaw Lodge Care Centre on the 22 September 2020 (see section 6.3). The order was granted and came into immediate effect. The following conditions were imposed:

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

6.2.2 Staffing arrangements

The manager provided the number of staff on duty and discussed the planned staffing levels. On review of the duty rota for the week commencing the 7 September 2020, the manager was recorded to work two night shifts. We discussed this with the manager who advised of their recent recruitment drive and that a number of recently qualified nurses were being inducted whilst awaiting their Nursing and Midwifery (NMC) registration. The manager further advised that a number of care assistants had recently commenced employment and that recruitment was ongoing for suitably skilled care assistants.

On further review of the staff duty rota a number of deficits were identified. For example:
- scoring over hours recorded without any documented reason for absence and/or signature of the person in charge
- surnames were missing on a number of occasions
- the hours worked by staff and staff designations/roles were not clearly recorded.

We were therefore unable to determine the planned staffing levels as the duty rota was not clearly or accurately recorded in keeping with the care standards. This was identified as an area for improvement in order to comply with the care standards.

During the inspection staff informed us that they were "short staffed" as one care assistant did not report for duty. This was shared with the manager who was unaware of this as she was engaged in other duties. She advised that one of the nurses would usually contact other staff to establish if they can cover a shift and that they would have normally notified her. This was concerning as it was clearly evident that staff were busy trying to assist patients with their needs.

Staff further advised that the planned staffing levels had not been adhered to over several months resulting in added pressure and tasks not being fully completed. The staff further advised of the high volume of short notice absenteeism and that if staff employed by the company are unable to cover shifts then they "just have to work short" as they are not permitted to contact agency staff. This was discussed with the responsible individual and manager during feedback who advised that they are trying to minimise the footfall of people into the home due to the potential risk of COVID-19. We discussed the importance of having adequate staff to deliver the care required, meet patients' needs and the potential risk of not having enough staff. We further advised the responsible individual to inform the WHSCT regarding planned staffing levels not being achieved as per contractual agreement.

Comments from staff included:

- "Staffing levels have been an issue."
- "Have been short staffed but everyone pulls together as a team."
- "The manager is very approachable."
- "We're trying to cover shifts ourselves, as we can't use agency"
- "Enjoy my work and everybody helps each other."
- "I love my job; the wee residents are just great."
- "It's like a family here."
- "We give the best care we can."
- "Great wee home."
- "I like working here."
- "Can be stressful when we are short staffed and especially because we are not allowed to use agency."

We also sought staff opinion on staffing via the online survey. There were no responses received within the time frame allocated.

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

6.2.3 Infection prevention and control (IPC) measures

Discussion with staff and observation of practice evidenced that despite staff training there was a deficit in the knowledge base of staff in relation to the management of infection prevention and control (IPC) and COVID-19: GUIDANCE FOR NURSING AND RESIDENTIAL CARE HOMES IN NORTHERN IRELAND. For example, the person responsible for providing infection prevention and control (IPC) training greeted the inspector without a face mask, another care assistant was wearing their face mask below their chin and a care assistant was wearing nail polish. The potential risk of spread of infection to patients due to these staff practices were discussed in detail with the manager.

We observed equipment for patient use inappropriately stored in an identified sluice and shower room and the integrity of a number of surfaces, within bedrooms, which were compromised and could not be effectively cleaned. This included bed frames, bedrail protectors, a vanity unit and chest of drawers.

High and low level dust, cobwebs and debris was observed and clearly visible throughout areas of the home. The general hygiene and cleanliness of the home was evidenced to be below an acceptable standard throughout. This was discussed with the manager and domestic staff and examples of the areas affected were provided. The domestic staff advised whilst in the company of the manager that deep cleans could only be achieved when there are three cleaners on duty and that this is very seldom. Please also refer to Section 6.2.5 in relation to medicines management.

We identified bed rail protectors to be torn and/or stained on several beds and bed linen to be stained. Staff were requested to replace the bed linen and clean the bed rail protectors during the inspection. Two pillows were observed on the floor of a lounge and surface stains were evident to the underneath of identified equipment.

Following the inspection the WHSCT carried out a monitoring visit of the home and provided RQIA with the necessary assurance that the home had been adequately cleaned. At the intention meeting with RQIA we were assured that domestic hours had been significantly increased and further senior management oversight arrangements put in place. In order to drive and sustain improvement and to comply with the regulations, an area for improvement was made in relation to all of the above IPC deficits.

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

6.2.4 The home's environment

We identified a number of potential risks to patients and staff. For example:

- scissors were inappropriately stored within patient bedrooms and razors were not secured after use
- a walking frame was stored on top of a patient's wardrobe
- multiple trip hazards due to breaches in floor coverings
- patients were not adequately supervised in their bedrooms especially at meal times which resulted in one patient having a choking episode.

Throughout the home, deficits were identified in relation to the cleanliness of furniture/ equipment within patients' bedrooms, bathrooms, lounges, treatment rooms and sluice rooms. A significant amount of furniture and patient equipment such as shower chairs, a soap dispenser, trolley, bath and commode were observed to be soiled, rusted and/or damaged, were not decontaminated after use or could not be effectively cleaned. This included over-bed tables, bedframes, bedrail protectors and chest of drawers.

We observed floor coverings within unit B and unit D to be damaged with potential trip hazards to both patients and staff. Some of which were partially secured with adhesive tape which also posed a potential IPC risk.

A toilet had been removed from unit D, thereby reducing the number of available toilets for patients. RQIA had not been notified in advance of this decision in accordance with the Nursing Homes Regulations (NI) 2005.

On entering unit C an offensive malodour was evident and the quality and presentation of bedlinen, throughout the home was not satisfactory.

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

6.2.5 Medicines Management

6.2.5.1 Personal medication records and associated care plans

Patients in care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times patients' needs will change and therefore their medicines should be regularly monitored and reviewed. This may be done by the GP, medical consultant or the pharmacist.

Patients in the home were registered with a GP and medicines were dispensed by the community pharmacist; the majority of these were supplied in a monitored dosage system.

Personal medication records were in place for each patient. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals for example, medication reviews or hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with safe practice, a second member of staff had checked and signed the personal medication records when they were written and updated to check for accuracy.

Copies of patients' prescriptions are kept in the home and staff confirmed that they are used to check that all prescribed medicines are available for administration. This is best practice.
All patients should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets, high risk medicines, etc.

Patients will sometimes get distressed and will occasionally require medicines to help them manage their distress. It is important that care plans are in place to direct staff on when it is appropriate to administer these medicines and that records are kept of when the medicine was given, the reason it was given and what the outcome was. If staff record the reason and outcome of giving the medicine, then they can identify common triggers which may cause the patient's distress and if the prescribed medicine is effective for the patient.

We reviewed the management of medicines prescribed on a "when required" basis for the management of distressed reactions. Staff knew how to recognise signs, symptoms and triggers which may cause a change in a patient's behaviour and were aware that this change may be associated with pain. Directions for use were recorded on the personal medication records to ensure staff know the frequency of use and the maximum daily dose which can be administered. When administered, there was evidence that the reason for and outcome of administration were recorded. However, when a patient was prescribed more than one

medicine to manage their distressed reaction, it was not clear which medicine was to be administered first. The care plans did not detail the medicines and therefore did not provide adequate direction for the nurses in managing patients' distress. This management of medicines prescribed for distressed reactions, was identified as an area for improvement under the care standards.

The management of pain was discussed. Staff advised that they were familiar with how each patient expressed their pain and that pain relief was administered when required. Pain management care plans and pain assessments were maintained and detailed the medicines prescribed. A separate transdermal patch administration record was also maintained, which is good practice.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake should be in place to direct staff. All staff should have the necessary training to ensure that they can meet the needs of the patient.

We reviewed the management of thickening agents and food supplements. Speech and language assessment reports and care plans were in place. Records of prescribing and administration which included the recommended consistency level of fluids were maintained. In relation to food supplements, records indicated that these had been administered as prescribed; administration which included the recommended consistency level were maintained.

In relation to the management of high risk medicines, for example, insulin, warfarin and emergency seizure medicines, we observed that that relevant care plans were in place. Insulin was stored at the correct temperature; and a separate administration chart was in use to record blood monitoring results and site of administration of the insulin. This is best practice. Staff were reminded that obsolete warfarin records should be removed promptly for filing in order to prevent a medicine administration error if referring to the obsolete dosage regime.

6.2.5.2 Medicine storage and record keeping

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the patient's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error. A record of all incoming medicines and outgoing medicines must be maintained.

The records inspected showed that medicines were available for administration when patients required them. The registered provider advised of the good relationship with the community pharmacist and that medicines were supplied in a timely manner.

On arrival at the home and during the inspection the medicines storage areas were observed to be securely locked. They were tidy and organised so that medicines belonging to each patient could be easily located. However, we identified that the medicine trolleys and areas in the treatment room required cleaning. (See also section 6.2.3 above)

Controlled drugs were stored in the controlled drug cabinets. When medicines needed to be stored at a colder temperature, they were stored within the medicine refrigerators and the daily temperature checks were monitored and recorded.

We reviewed the disposal arrangements for medicines. Discontinued medicines were uplifted by a clinical waste company. A record of all discontinued medicines was maintained. This record provides evidence that the home is no longer responsible for the medicines and also facilitates the audit process.

To ensure robust systems are in place for disposal, two staff should be involved in the disposal and both staff should sign the disposal record. Where there are controlled drugs awaiting disposal, those in Schedules 2, 3 and 4 (Part 1) must be destroyed before they are put in the waste disposal bin, and this should be noted on the disposal records. The disposal records were signed by two staff, but there was no evidence that all controlled drugs in Schedules 3 and 4 (Part 1) were destroyed prior to disposal. The disposal of medicines was identified as an area for improvement in order to comply with the care standards.

Review of the disposal records also indicated that several currently prescribed medicines had been unnecessarily disposed of. This was discussed and advice given. The registered manager agreed to review this in consultation with the community pharmacist and patients' GPs.

6.2.5.3 Administration of medicines

It is important to have a clear record of which medicines have been administered to patients to ensure that they are receiving the correct prescribed treatment.

Within the home, a record of the administration of medicines is completed when medicines are administered to a patient. A sample of these records were reviewed which found that they had been fully and accurately completed. Most of the completed records are filed once completed. We acknowledged that medicines prescribed on a weekly basis were highlighted in the medicines folder and clearly marked out on medicine administration records, to ensure doses were administered on time.

The governance and auditing arrangements for medicines were discussed. These are needed to ensure that robust systems are in place for the safe management of medicines and also to ensure that patients have been administered their medicines. Management and senior staff advised of the enhanced audit processes which were implemented following the last inspection. The date of opening was recorded on medicines so that they could be easily audited. Staff had also recorded daily stock balances for the majority of oral medicines, which were not supplied in the monitored dosage system. This enabled staff to identify if there were any errors. This is good practice. The audits completed during this inspection showed that medicines had been given as prescribed. It was evident from the inspection findings that most of the improvements noted in May 2020 had been sustained.

6.2.5.4 Medicine related incidents

Occasionally medicine related incidents occur within homes. It is important that there are systems in place that quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident.

There have been two medicine related incidents reported to RQIA since the last medicines management inspection. These had been managed appropriately. Following discussion it was evident that staff were familiar with the types of incidents that should be reported to RQIA.

6.2.5.5 Medicines management training

To ensure that patients are well looked after and receive their medicines appropriately, staff who administer medicines to patients must be appropriately trained. The registered person has a responsibility to check that staff are competent in managing medicines and that staff are supported.

There was evidence that staff responsible for medicines management had received training in medicines management and had been deemed competent in medicines management. External refresher medicine training had been arranged; however, was postponed due to the pandemic. Advice was given in relation to development of internal medicines training.

6.2.6 Care delivery and Care Records

Observation of the delivery of care evidenced that patients' needs were not always met by the levels and skill mix of staff on duty. It was observed that an identified patient's presentation was below an acceptable standard and we requested staff to attend to the patient's eye care and hand hygiene needs promptly during the inspection. We identified that patients' personal hygiene in relation to nail care on hands and feet were not being maintained and staff were asked to attend to these aspects of care during the inspection.

We observed two patients who were identified as being at risk of pressure damage and were noted to be nursed on pressure relieving equipment. However, the pressure relieving mattress weight setting was not set appropriately for the patients' current weight. This meant that the mattress was not able to function correctly and therefore was ineffective to meet the patients' needs and could be potentially harmful. Deficits were evidenced in the repositioning records for these patients. We observed a number of entries within the recording charts that were not signed by staff and significant gaps in repositioning interventions, for example14 hours for one patient and 21 hours for another patient who were both assessed as requiring two to four hourly repositioning. A referral was made to adult safeguarding within the WHSCT in relation to the two identified patients.

We observed an identified patient partially clothed with their bedroom door open and was immediately brought to staff attention. The importance of maintaining the patient's dignity was emphasised. This is disappointing as this had previously been raised at the inspection on 4 February 2020; at that time we were advised that the patient prefers the bedroom door to be kept open and it was agreed that the manager would liaise with the patient's care manager and next of kin and to update the care records. On review of the patient's care records this had not been actioned and the clinical lead nurse was directed to complete this during the inspection. We further provided suggestions regarding methods to maintain the patient's dignity such as a privacy screen.

Patient care records were observed to be left unattended in lounges throughout the home with the potential risk of records becoming lost. Information relating to patients was displayed in a communal area which could be viewed by other patients and/or visitors and was not in keeping with confidentiality. This was discussed with the manager who had the information removed.

We observed the serving of the lunch time meal which commenced at 12.30 hours. Patients were assisted to the dining room where staff encouraged social distancing by reducing the number of patients at each table. We were unable to locate the daily menu and were advised by the manager that the menu was being updated and once laminated and would be displayed at each table. We discussed the importance of patients being able to have two choices at meal times and displaying this in a suitable area such as a notice board whilst awaiting the updated menu. This will be reviewed at a future inspection.

Staff were also observed setting up trays and delivering them to patients within their bedrooms as required. We observed this practice and noted that patients within their bedrooms were unsupervised unless being assisted by a staff member to eat and/or drink. One patient was observed to be poorly positioned on the side of their bed; their dinner placed on a portable table in front of them, and they were unsupervised. The patient was overheard choking by the inspector and a care assistant had to assist to successfully relieve the patient from the choking episode.

We reviewed three patients' care records which evidenced that the majority of care plans were person centred and reviewed regularly and were fairly well maintained. However, a number of deficits were identified as follows:

- care plans for patients with a history of constipation did not include the patient's normal bowel type/frequency
- care plans and risk assessments for one patient had not been reviewed within the recommended timeframe
- daily evaluation notes did not include that an identified patient required their hands to be washed, finger nails cut and eye care attended to
- one identified patient requiring a period of isolation as per COVID-19 guidance on return from another health care facility, did not have a care plan to direct staff
- care plans for identified patients at risk of skin breakdown did not include the names/type of equipment required to direct staff.

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

Comments from patients included:

- "I am doing grand."
- "Food is good."
- "I am happy here."

We also sought patient and relatives' opinion on staffing via questionnaires. There were no responses received.

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

Areas of good practice

Whilst enforcement action resulted in the findings of this inspection we observed the attitude of staff towards patients to be kind, caring and compassionate.

In relation to medicines management, we identified good practice in relation the standard of record keeping, auditing of medicines management and management of controlled drugs.

Areas for improvement

Four new areas for improvement were identified in relation to IPC, the maintenance of staff duty rotas, care planning regarding distressed reactions and the disposal of controlled drugs.

	Regulations	Standards
Total number of areas for improvement	1	3

6.3 Conclusion

Based on the inspection findings and following a meeting in RQIA on 16 September 2020, four failure to comply notices under Regulation 10 (1), Regulation 13 (1) (a) (b), Regulation 14 (2) (a) (b) (c) and Regulation 27 (2) (b) (c) (d) (j), with the date of compliance to be achieved by 12 and 21 October 2020.

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

A Justice of the Peace signed an Order on 22 September 2020 to impose urgent conditions on the registration of Christopher Walsh, Responsible individual for Larchwood Homes NI Ltd in respect of Greenhaw Lodge Care Centre.

The following conditions were imposed:

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

In relation to medicines management, there was evidence that most of the improvements made earlier in the year had been sustained. Whilst areas for improvement were identified, overall, the patients were being administered their medicines as prescribed by their doctor.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mary Bernadette Conway-McDaniel, Manager, and Chris Walsh, Responsible Individual, and other senior members of staff, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 13 (7) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure that the infection prevention and control issues identified during this inspection are urgently addressed and a system is initiated to monitor ongoing compliance. Ref: 6.2.3
	Response by registered person detailing the actions taken: Additional domestic hours were embedded within the Home and a meeting was conducted with the Head Housekeeper and the domestic team. At this meeting the expectations of cleaning within the Home was discussed along with the completion of cleaning schedules. Additionally a comprehensive audit of the environment was undertaken and this was shared with heads of departments across nursing, senior care, maintenance and housekeeping. Each department was instructed to complete their indivdual actions. Weekly environmental auditing continues within the Home. A compliance calculator for the wearing of fluid resistant surgical masks was embedded into practice. Alongside this staff were again reminded of the importance of this at a nursing and care staff meeting. Additional management support was embedded within the Home. Heads of department meetings were undertaken on a Monday morning to set actions for the coming week.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 41 **Stated:** First time **To be completed by:** 8 October 2020	The registered person shall ensure the staff duty rota clearly identifies the surname of each staff employee, their role and hours worked; and where amendments are made they are legible and signed. Ref: 6.2.2
	Response by registered person detailing the actions taken: Reflection and supervision was undertaken with the management team and the off duty was reviewed and updated by the Home administrator to be electronically generated.
Area for improvement 2 **Ref**: Standard 18 **Stated:** First time **To be completed by:**	The registered person shall review the care plans pertaining to distressed reactions, to ensure that where patients are prescribed medicines this is clearly detailed in a care plan, including the regime if more than one medicine is prescribed to manage the distressed reaction. Ref: 6.2.5.1

8 October 2020	**Response by registered person detailing the actions taken:** The relevant care prescriptions were updated to reflect first and second line adminsiration of medicaton
Area for improvement 3 **Ref**: Standard 28 **Stated:** First time **To be completed by:** Immediate and ongoing	The registered person shall make the necessary arrangements to ensure that disposal of medicines records clearly indicate that all controlled drugs in Schedules 3 and 4 (Part 1) have been denatured prior to disposal by two trained staff. Ref: 6.2.5.2
	Response by registered person detailing the actions taken: The necessary arrangements were communciated to nursing staff and arrangements put in place to have these details recorded.

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

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