



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 17 June 2019



Greenhaw Lodge Care Centre

Type of Service: Nursing Home
Address: 42 Racecourse Road, Londonderry, BT48 8DA
Tel No: 028 7135 4725
Inspector: Jane Laird

www.rqia.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.

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.

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	Manager and date registered: Mary Bernadette Conway-McDaniel Registration pending
Person in charge at the time of inspection: Mary Bernadette Conway-McDaniel	Number of registered places: 42
Categories of care: Nursing Home (NH) DE – Dementia. A – Past or present alcohol dependence.	Number of patients accommodated in the nursing home on the day of this inspection: 40

4.0 Inspection summary

An unannounced inspection took place on 17 June 2019 from 09.40 hours to 18.40 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.

Evidence of good practice was found in relation to induction, adult safeguarding, management of complaints and incidents, communication between patients, staff and other key stakeholders and maintaining good working relationships.

Areas requiring improvement were identified in relation to staff recruitment, registration checks, emergency pull cords, risk management, record keeping, the reporting of notifiable events and quality governance audits.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

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	5	2

Details of the Quality Improvement Plan (QIP) were discussed with Mary Bernadette Conway-McDaniel, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 4 December 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 4 December 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous care inspection findings, 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

Questionnaires and 'Have We Missed You' 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. 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 10 June 2019 to 23 June 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- three patient care records
- seven patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of monthly monitoring reports for April 2019 and May 2019
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either 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 outstanding areas for improvement from previous inspection(s)

An area for improvement identified at the previous care inspection was reviewed and has been met.

6.2 Inspection findings

6.3 Is care safe?

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

On arrival to the home at 09.40 hours and were greeted by the manager who provided an orientation of the building. Patients were mainly seated in one of the lounges or within their bedroom as per their preference whilst others remained in bed. Medication was being administered by the registered nurses and staff appeared confident in their role and delivery of care.

Patients indicated that they were well looked after by the staff and felt safe and happy living in Greenhaw Lodge. One patient said "Staff are looking after me well". We also sought the opinion of patients on staffing via questionnaires. Unfortunately there was no response in the time frame allocated.

Staffing rotas for weeks commencing 10 June 2019 and 17 June 2019 were reviewed which evidenced that the planned staffing levels were adhered to on most occasions. However, there was evidence of short notice absence over the two week period. Staff spoken with stated that they felt under pressure when the full complement of staff were not available but were aware of the homes recruitment drive and welcomed the addition of new employees to enhance the availability of cover. Discussion with the manager identified that recruitment for suitably skilled and experienced care assistants was ongoing to ensure a full complement of staff are employed by the home. We also sought staff opinion on staffing via an online survey. There was no response in the time frame provided.

We reviewed two staff recruitment records which evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. One employee's folder did not have a second reference on file and there was no written evidence that employment gaps had been explored for either of the employees. We further identified that a pre-employment health assessment had not been obtained prior to the commencement of employment for one employee in line with best practice. Recruitment practices were discussed with the manager who advised that this is not normal practice however on this occasion the above deficits had been over looked. This was identified as an area for improvement.

Staff were provided with on-going training to ensure they understood and were able to respond to patients needs. The current system for alerting the manager when individual employees training was next due only appeared on the system highlighted in red once the training date had expired. This was discussed with the manager and the internal trainer who agreed that this was challenging to monitor and would share this information with the responsible person and to establish a system that is more effective. The manager informed us that all new staff had induction training which was confirmed by the staff on duty. One staff member said "Really good induction", "Lots of training here".

Records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care assistants with the Northern Ireland Social Care Council (NISCC). One nurse identified on the duty rota as a registered nurse had not been included in the monthly checks. The manager acknowledged the importance of ensuring that these checks are robust and an area of improvement was identified.

The staff we spoke with understood their responsibilities in relation to keeping patients safe and were able to describe what they would do if they suspected or witnessed any form of abuse. Discussion with the manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice.

A number of audits were completed on a monthly basis by the manager and/or clinical leads to ensure the safe and effective delivery of care. Falls in the home were monitored on a monthly basis for any patterns and trends which provided the location, time and nature of the fall. Following the review an action plan was implemented to reduce the incidences of falls where possible and the patient's risk of falls assessment and care plan was updated. Other audits were carried out on patients' with infections which were well maintained and provided a clear action plan when deficits were identified.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. Refurbishment works were ongoing to the home and areas that were identified as needing decorated such as walls and floor coverings were on the home's agenda to address as part of their refurbishment plan. We further identified damage to bedframes. Surface damage to the bed frames means that the surface cannot be effectively cleaned. This can pose an infection prevention and control risk for patients and staff. This was discussed with the manager and an order for the replacement of these beds was confirmed post inspection.

Emergency pull cords were either not provided or were out of reach in identified communal bathroom/toilets. It is essential that these call bells are provided in such areas in order that patients or staff can summon the appropriate assistance in an emergency. This was discussed with the manager and the estates inspector for the home was notified. This was identified as an area for improvement.

We further identified that equipment such as a microwave within one of the enhanced dementia units and a kettle within both enhanced dementia units were unsupervised and there was no risk assessment carried out to ensure that this equipment was safe to be stored within these areas. This was discussed with the manager who agreed to review the environment and carry out a health and safety risk assessment. This was identified as an area for improvement.

There was access from the rear of the building beside the laundry where a fire exit door was held open by a hook attached to the wall. This was discussed with the manager who advised that the door is held open during the day to allow staff to enter and exit as there is no handle on the outside of the door. The manager was asked to liaise with the fire risk assessor for the home and gain appropriate advice. Following the inspection the manager confirmed that a handle was recommended for the door and that this has been actioned.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to induction and adult safeguarding.

Areas for improvement

The following areas were identified for improvement in relation to staff recruitment, registration checks, emergency pull cords and risk management.

	Regulations	Standards
Total number of areas for improvement	3	1

6.4 Is care effective?

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

We reviewed three patient care records which evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patient. There was good evidence of regular communication with representatives within the care records and a system was also in place to audit patient care records and each patient had a key worker. A daily record was maintained to record the delivery of care. There was evidence that the care planning process included input from patients and/or their representatives, if necessary.

There was evidence within the care records to demonstrate that referrals were made to healthcare professionals such as care managers, general practitioners (GPs), speech and language therapists (SALT) and dieticians where necessary.

On review of the repositioning records there were some gaps identified within the records where patients had not been repositioned as per their care plan and the condition of their skin was not documented on occasions. It is essential that staff are appropriately directed to deliver a planned frequency of change of position to all patients identified at risk of pressure damage, and that at each change of position the state of the patients skin is assessed. We further identified that the recommended frequency of repositioning was not consistently documented within the recording chart and dates were also missing on some charts. This was identified as an area for improvement.

We discussed the management of risk in regards to the prevention of dehydration with the manager. It is recommended that the home establish a protocol for those patients identified at risk of dehydration which includes a target of fluid intake to be achieved, clear records of fluid intake taken over a 24 hour period and actions to be taken should the target not be achieved. The management of risk of dehydration should be recorded through care planning and the effectiveness of the care planned should be evaluated daily in the patients' progress records. This was identified as an area for improvement.

We observed the use of stair gates on three patient bedroom doors and discussed this with the manager who stated that this was to prevent unwanted access by other patients. Whilst there was evidence that the use of this equipment had been agreed with the individual patient's next of kin there was no evidence that this had been discussed as a best interest decision for the patient with the care manager. Communication received from the manager following the inspection confirmed that all relevant care managers had been informed and provided written evidence of their correspondence. The responsible person also further reviewed the use of the stair gates and subsequently modified the locking mechanism within the gates structure to enable the patient within the room to push the gate open and move freely from the bedroom.

Staff confirmed that they were required to attend a handover meeting at the beginning of each shift and were aware of the importance of handover reports in ensuring effective communication. Staff confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other health care professionals. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between patients, staff and other key stakeholders.

Areas for improvement

The following area was identified for improvement in relation to record keeping.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 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 interactions with patients were observed to be compassionate, caring and timely and they demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. However, it was identified that there was no hand held nurse call alarm within one identified patient's bedroom and on discussion with the patient this had not been provided as an option by staff. It was further identified that the dining room doors were locked between meals and patients were unable to access this space due to a potential risk of falls, removing cutlery, vases and/or condiments from tables. This was considered as a deprivation of the patients' liberty and was discussed with the manager for immediate action. Following the inspection written confirmation was received that the identified patient was provided with a hand held nurse call alarm and the dining room door remains open at all times.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

- "Thank you for all your fantastic care, kindness and consideration"
- "Our sincere and grateful thanks to all the staff at Greenhaw Lodge"

Consultation with 12 patients individually, and with others in small groups, confirmed that living in Greenhaw Lodge was a positive experience.

Patient comments:

- "Staff are very good here"
- "I'm doing great"
- "Food is very good"
- "Great staff here. Feel safe here"
- "Keeping great"
- "Food is lovely here. All staff very pleasant"
- "Couldn't fault it here"

Representative's comments:

- "Great staff"
- "Food brilliant"

During the inspection we met with two patient representatives who were very complimentary of the homes environment and did not raise any concerns. We also sought relatives' opinion on staffing via questionnaires. There was no response in the time frame provided.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the manager for their information and action as required.

It was good to note that a variety of methods were used to promote orientation, for example, appropriate signage, photographs and the provision of clocks and prompts for the date. Patients' bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. Patients and staff spoken with were complimentary in respect of the home's environment whilst acknowledging that there were further improvements to be made.

Discussion with patients and staff and review of the activity programme evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. On the day of the inspection the activity coordinator discussed the provision of activities and the current arrangements within the home to facilitate patient involvement. The patients appeared to enjoy the interaction between the staff and each other.

Areas of good practice

There were examples of good practice found throughout the inspection 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.

Areas for improvement

There were no new areas for improvement identified during the inspection within this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

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 clearly recorded. Discussion with staff/patients/representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA and identified that two head injuries had not been reported. The manager had identified this when completing an audit and was requested to forward these notifications retrospectively. The manager stated that she was off on leave at the time of the accidents and there was no one there to submit the notifications. This was discussed with the manager who was advised to train relevant staff in how to submit notifications in the absence of the manager. This was identified as an area for improvement.

As discussed in 6.3 environmental audits were completed on a monthly basis which captured some of the issues identified during inspection and were in the process of being addressed. However, on review of the issues identified during inspection such as surface damage to multiple bedframes and deficits in the emergency pull cords these had not been included as part of the environmental audit. This was discussed with the manager who agreed to add them to the audit. This was identified as an area for improvement.

A review of records evidenced that quality monitoring visits completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 were completed on a monthly basis by the responsible individual. Copies of the report were available for patients, their representatives, staff and trust representatives.

Staff confirmed that there were good working relationships in the home and that management were supportive and responsive to any suggestions or concerns raised. Comments included; “Manager very approachable”, “Very supported here” and “The manager has done a great job”.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships.

Areas for improvement

Areas for improvement were identified in relation to the reporting of notifiable events and quality governance audits.

	Regulations	Standards
Total number of areas for improvement	1	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, 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 Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 21</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>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.</p> <p>Ref: 6.3.</p> <p>Response by registered person detailing the actions taken: The Home Manager is working closely with the new Home Administrator to ensure that all persons are recruited in line with the schedules for persons employed at the nursing Home. The lead administrator for the organisation has also undertaken recent auditing of the personnel records</p>
<p>Area for improvement 2</p> <p>Ref: Standard 20</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>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.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: NISCC and NMC checks are completed monthly and are signed off by the Home Manager. The lead administrator is maintaining oversight of these processes and reporting to Senior Management any deficits for action</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a) (b) and (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>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.</p> <p>This is in relation to the unsupervised use of kettles and a microwave within the enhanced dementia units.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Microwaves and kettles are now stored in a locked cupboard beneath the work surface and will be used under the supervision of care staff.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>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.</p> <p>Specific reference to care plans and daily records:</p> <ul style="list-style-type: none"> • 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. <p>Ref: 6.4</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken: Nurses record 24 hourly fluid intake in the daily communication notes. This is now discussed at each handover and if the nurse is concerned this will be referred to medical staff in primary care. All advice received or prescriptions of care generated will be documented clearly in the care file. Training is to be provided to care staff on the repositioning charts following Handovers in the next month</p> <p>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.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Portal IDs will be generated for the clinical lead team to ensure that they can complete notification of event forms in the absence of the Home Manager</p>
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 44 (also refer to Fitness of the premises E8)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that emergency pull cords are available and accessible in communal bathrooms/toilets.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Pull cords have now been appropriately sited in all communal bathrooms and toilets</p>

<p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 17 August 2019</p>	<p>The registered person shall ensure that management systems are in place to assure the safe delivery of quality care within the home.</p> <p>The registered manager must ensure;</p> <ul style="list-style-type: none"> • Environmental audits are sufficiently robust to include all areas of the environment <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken: Weekly environmental audits have now commenced. The Home Manager is completing these with the Maintenance Officer and an action plan is put in plac</p>

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



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