



The Regulation and
Quality Improvement
Authority

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Inspection ID: IN021887

Gortacharn
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**Unannounced Care Inspection
of
Gortacharn**

2 July 2015

The Regulation and Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 2 July 2015 from 10:15 to 15:00 hours.

This inspection was underpinned by **Standard 19 - Communicating Effectively;**
Standard 20 – Death and Dying and Standard 32 - Palliative and End of Life Care.

Overall on the day of inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

For the purposes of this report, the term 'patients' will be used to describe those living in Gortacharn which provides both nursing and residential care.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 01 August 2014.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4

The details of the Quality Improvement Plan (QIP) within this report were discussed with Jill Trimble (acting manager) and Beena Joseph (deputy manager) as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mrs Robena Heather Trimble Mr Richard James Trimble	Registered Manager:
Person in Charge of the Home at the Time of Inspection: Jill Trimble	Date Manager Registered: Jill Trimble – application not yet submitted.
Categories of Care: RC-LD(E), NH-LD, RC-PH, NH-I, NH-PH, NH-PH(E), NH-TI	Number of Registered Places: 55
Number of Patients Accommodated on Day of Inspection: 45	Weekly Tariff at Time of Inspection: £476.00 - £593.00

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards and theme have been met:

Standard 19: Communicating Effectively

Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

4. Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with the manager
- discussion with staff
- discussion with patients'
- discussion with one patient representative
- review of records
- observation during an inspection of the premises
- evaluation and feedback.

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report and quality improvement plan.

During the inspection, the majority of patients were consulted either individually or in small groups. Discussion was also undertaken with two registered nursing staff, one senior care staff and four care staff, and one patient's representative.

The following records were examined during the inspection

- validation of evidence linked to the previous care inspection QIP
- staff duty rota
- three patient care records
- records of accident/notifiable events
- staff training records
- staff induction records
- policies in regards to theme of inspection
- record of complaints
- compliments
- guidance information for staff in relation to theme inspected.

The Inspection

4.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of Gortacharn was an announced estates inspection dated 23 October 2014. The completed QIP was returned and approved by the estates inspector.

4.2 Review of Requirements and Recommendations from the last care Inspection 01 August 2014

Last Care Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 20 (1)(a)</p> <p>Stated: First time</p>	<p>The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients, ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients.</p> <p>Action taken as confirmed during the inspection: Inspectors confirmed from a review of duty rosters that staffing at time of inspection was adequate to meet the health and welfare of patients.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 14 (2)(c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure as far as reasonably practicable that unnecessary risks to the health or safety of patients are identified and so far as possible eliminated.</p> <p>Action taken as confirmed during the inspection: Inspectors observed staff transferring patients in wheelchairs in a safe effective manner.</p>	

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 19.4 Stated: First time	It is recommended that a continence link nurse be nominated in the home.	Met
	Action taken as confirmed during the inspection: A continence link nurse has been nominated and has completed additional training to support their role.	
Recommendation 2 Ref: Standard 19.4 Stated: First time	It is recommended that regular audits of the management of patients and residents who are incontinent be undertaken and the findings acted upon to enhance already good standards of care.	Met
	Action taken as confirmed during the inspection: Audits for the management of incontinence were reviewed and an action plan attached to evidence any findings and follow up actions taken.	
Recommendation 3 Ref: Standard 19.3 Stated: First time	It is recommended that information on the promotion of continence be available in an accessible format for patients and residents.	Met
	Action taken as confirmed during the inspection: Continence information leaflets were available and displayed appropriately.	
Recommendation 4 Ref: Standard 6.3 Stated: First time	It is recommended that the practice of using correction fluid on staff duty rosters ceases.	Met
	Action taken as confirmed during the inspection: No correction fluid was evidenced on staff duty rosters.	

4.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

Policy guidance for staff was available on communicating effectively and referred to regional guidance on “breaking bad news”. The guidance document on “breaking bad news” was available for staff.

A sampling of staff training records evidenced that staff had completed training in relation to communicating effectively with patients and their families/representatives.

Is Care Effective? (Quality of Management)

Three care records evidenced that patients individual needs and wishes regarding the end of life care were appropriately recorded. Care interventions within records referenced the patient’s specific communication needs.

A review of care records evidenced that the breaking of bad news was discussed with patients and/or their representatives, options and treatment plans were also discussed, where appropriate.

There was evidence within care records that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Two registered nurses and three care staff consulted demonstrated their ability to communicate sensitively with patients and/or representatives when breaking bad news by sitting down with the patient and or patient representatives in a private area, speaking in a calm but reassuring tone and providing an opportunity to answer any questions or concerns and where appropriate offering gestures of affection and compassion.

Is Care Compassionate? (Quality of Care)

Observations of the delivery of care practices, including many staff / patient interactions confirmed that communication is well maintained and patients were observed to be treated with dignity and respect.

The inspection process allowed for consultation with the majority of patients either individually or in small groups. All patients consulted stated that they were very happy with the quality of care delivered and with life in Gortacharn. They confirmed staff were polite and courteous and that they felt safe in the home. One patient’s representative confirmed that they were very happy with standards maintained in the home.

Areas for Improvement

Number of Requirements:	0	Number of Recommendations:	0
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4.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

Is Care Safe? (Quality of Life)

Policies and procedures on the management of palliative and end of life care and death and dying were available in the home. These documents reflected best practice guidance such as the Gain Palliative Care Guidelines, November 2013, and included guidance on the management of the deceased person's belongings and personal effects. The registered manager and two registered nursing staff were aware of the Gain Palliative Care Guidelines November 2013, a copy of which were available in the home.

Training records evidenced that the manager, the majority of registered nursing staff and care staff had completed Palliative and End of Life Care and The Marie Curie Final Journey training. The manager advised further training was planned for staff on dying, death and bereavement.

Discussion with registered nursing staff and a review of two care records confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services and other specialist practitioners.

Discussion with the manager, registered nursing staff and a review of care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

A protocol issued by the Western Health and Social Care Trust for timely access to any specialist equipment or drugs was available and displayed and discussion with registered nursing staff confirmed their knowledge of the protocol.

Staff confirmed that they are able to source a syringe driver via the community nursing team if required.

The manager is the palliative care link nurse for the home. The manager has a lot of knowledge and previous experience in this area of practice and has attended the link meetings with the relevant Trust.

Is Care Effective? (Quality of Management)

A review of three care records evidenced that patients' needs for palliative and end of life care were assessed and reviewed on an ongoing basis. This included the management of hydration and nutrition, pain management and symptom management. There was evidence that social, cultural and religious preferences were also considered and care interventions reviewed were very person centred. Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements.

A named nurse was identified for each patient approaching end of life care. This information was recorded in the patients care records and also displayed in the patient's bedroom.

Discussion with the manager, nursing and care staff and a review of care records evidenced that environmental factors had been considered when a patient was at end of life. Management had made reasonable arrangements for relatives/representatives to be with

patients who had been ill or dying. Facilities had been made available for family members to spend extended periods with their loved ones during the final days of life. Meals, snacks and emotional support were provided by the staff team.

A review of notifications of death to RQIA during the previous inspection year evidenced that all had been reported appropriately.

Is Care Compassionate? (Quality of Care)

Discussion with staff and a review of care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding end of life care. Nursing and care staff consulted demonstrated an awareness of patient's expressed wishes and needs as identified in their care plan.

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/friends to spend as much time as they wish with the person.

From discussion with the manager and staff, relatives and a review of the compliments record, there was evidence that arrangements in the home were sufficient to support relatives during this time. There was evidence within compliments/records that relatives had commended the management and staff for their efforts towards the family and patient to include:

"As a family we were greatly touched by the very individual concern, care and attention which we saw you bring to your interactions ...We really appreciated your "guard of honour" at the removal and all of your very personal expressions of sympathy".

Discussion with the manager and a review of the complaints records evidenced that no concerns were raised in relation to the arrangements regarding the end of life care of patients in the home.

Staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death. Both the manager and staff advised that following a death, a service is held in the home and other patients are invited to attend. When the deceased is leaving the home, staff form a guard of honour to mark their respects.

From discussion with the manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included support from management, peer support and also reflections at staff meetings.

Information regarding support services was available and accessible for staff, patients and their relatives.

Areas for Improvement

Number of Requirements:	0	Number of Recommendations:	0
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4.5 Additional Areas Examined

4.5.1 Consultation with patients, their representatives, staff and professional visitors

As part of the inspection process the majority of patients were spoken with either individually or in small groups. Comments from patients regarding the quality of care, food and in general the life of the home were positive. A few comments are detailed below;

- “Very nice, the girls are ladies.”
- “Being looked after well.”
- “Staff are very helpful.”
- “Food is lovely.”
- “Like to have more activities.”

Questionnaires were issued to a number of nursing, care and ancillary staff and these were returned either during or post inspection visit. Some comments received from staff are detailed below;

- “Very good training provided.”
- “Open minded management.”
- “Good work environment.”

4.5.2 Environment & Infection control

A number of issues pertaining to infection control were identified during a tour of the premises. A number of shower and commode chairs observed were rusted and some seating in dayrooms was torn with foam exposed. A clinical waste bin was rusted. Unused incontinence aids were observed sitting on top of a clinical waste bin in a bathroom area. Shelving in a linen area was not wipeable. A number of notices observed were not laminated and sticky tape was being used. These issues were discussed with the manager of the home and a recommendation has been made.

Wardrobes in patient’s bedrooms were not fixed to walls. A recommendation has been made in this regard.

4.5.3 Staffing

A review of duty rotas evidenced a number of shortfalls. The duty rota did not clearly identify designated management hours and did not record the surname of each member of staff and the capacity in which they were working. A recommendation has been made.

4.5.4 Activities and events

The provision of activities was discussed with patients during the inspection process. A number of patients advised they would like to have more activities provided. The provision of activities was discussed with management following the feedback provided by patients. The manager advised that the home have a person who provides activities however this is a casual arrangement. The current arrangement for activities and events should be reviewed considering the needs of the patients. A recommendation has been made.

5. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Jill Trimble (acting manager) and Beena Joseph (deputy manager) as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions Taken by the Registered Manager/Registered Person

The QIP must be completed by the registered person/registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements: No requirements resulted from this inspection.

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be Completed by: 2 September 2015</p>	<p>The registered person must ensure that the infection prevention and control issues identified in the report are actioned as required.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All identified infection control issues have been addressed. We have replaced a number of items including shower chairs and waste bins. All staff have been advised that incontinence aids should not be left in bathrooms. Designated linen areas are all wipeable. Notices in communal areas have been laminated and sticky tape has been removed.</p>
<p>Recommendation 2</p> <p>Ref: Standard E21</p> <p>Stated: First time</p> <p>To be Completed by: 2 September 2015</p>	<p>The registered person must ensure that wardrobes are fixed to walls for safety.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Plans are in place to fix all wardrobes to the walls. Work is underway.</p>
<p>Recommendation 3</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be Completed by: 2 August 2015</p>	<p>The registered person must ensure that the duty rota identifies the managers designated management hours of work, the surname of each staff member and the position of staff employed.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The duty rota has been reviewed. The manager's hours of work are clearly stated, indicating management or staff nurse tasks. The position and surname of each staff member is written clearly.</p>
<p>Recommendation 4</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be Completed by: 2 September 2015</p>	<p>The registered person must ensure that the provision of activities and events is reviewed to meet the needs of the patients and that a programme of activities is planned for times that are suited to the patients preferences and needs.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Our activities programme has been reviewed. We have invested in new equipment and games which will form part of a more structured approach to activities within Gortacharn. From now on, a four week activity plan will be drawn up in discussion with the activity therapist and management. We will have set days for activities and residents will be advised of the schedule at the start of each week.</p>

Registered Manager Completing QIP	Miss Jill Trimble	Date Completed	05/08/2015
Registered Person Approving QIP	Mrs Robena Trimble	Date Approved	05/08/2015
RQIA Inspector Assessing Response	Sharon Loane	Date Approved	17/08/2015

Please ensure the QIP is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address