

Inspection Report

4 April 2023



Gortacharn

Type of service: Nursing

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Gortacharn Registered Persons: Mr. Richard James Trimble Mrs. Robena Heather Trimble	Registered Manager: Mrs Beena Joseph Date registered: 26 March 2020
Person in charge at the time of inspection: Mrs0 Beena Joseph	Number of registered places: 40 A maximum of 4 persons in category NH-LD
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. LD – Learning disability. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	Number of patients accommodated in the nursing home on the day of this inspection: 40
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 40 patients. The home is on a ground floor level. There is a Residential Care Home which occupies the same site and is managed separately from the Nursing Home.	

2.0 Inspection summary

This unannounced inspection was conducted on 4 April 2023, from 9.40am to 2.30pm by a care inspector.

The inspection assessed progress with the two 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.

Both these previous areas of improvement were found to be met.

There was safe, effective and compassionate care delivered in the home and the home was well led by the Manager.

It was evident that staff promoted the dignity and well-being of patients.

Three areas requiring improvement were identified during this inspection. These were in relation to staff training in dysphagia, replacement of an identified mattress and risk assessment on all free standing wardrobes.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA were assured that the delivery of care and service provided in Gortacharn was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and safety provided in the home.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

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

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mrs. Beena Joseph, Manager at the conclusion of the inspection.

4.0 What people told us about the service

One visiting relative praised the care in the home and the kindness and support received from staff. This relative made the following comment; "All is very well in the home. The staff are caring and attentive. I have no complaints or faults."

No feedback questionnaires were returned in time for inclusion to this report.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 20 October 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 21 (1) (a) (b) Stated: First time	The registered person shall ensure that all persons are recruited in accordance with best practice and legislation and that the efficacy of this is present in staff recruitment and selection files prior to commencing employment.	Met
	Action taken as confirmed during the inspection: A review of two staff recruitment records and discussion with the Manager confirmed that staff were properly recruited in accordance with standards and legislation.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 46 Stated: First time	The registered person shall ensure that the IPC issues identified during the inspection are addressed.	Met
	Action taken as confirmed during the inspection: Observations in the environment confirmed that appropriate IPC measures and practices were in place.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of a sample of two staff members' recruitment records, confirmed evidence that a robust system was in place to ensure staff were recruited correctly to protect patients. Additional to this, one staff member had a date only reference from the most recent employer. This was followed up by an additional reference being obtained from a line manager. This is good practice.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the nurse in charge when the Manager was not on duty. Any nurse who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place.

A check is carried out on a monthly basis to ensure all staff are up-to-date with their registration with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC). These checks were maintained appropriately.

Staff said there was good team work and that they felt well supported in their role, were satisfied with communication between staff and management.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day.

A matrix of mandatory training provided to staff was in place. This gave good managerial oversight into staff training needs. There were systems in place to ensure staff were trained and supported to do their job. The Manager and staff confirmed that a range of mandatory and additional training was completed by staff on a regular basis.

5.2.2 Care Delivery and Record Keeping

Staff interactions with patients were observed to be polite, friendly and warm. It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly. Expressions of consent were evident with statements such as "Are you okay with..." or "Would you like to ..." when dealing with care delivery.

Care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. There was choice of meals offered, the food was attractively presented and portions were generous. There was a variety of drinks available.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. Records were kept of what patients had to eat and drink daily. Patients who had specialist diets as prescribed by the Speech and Language Therapist (SALT) had care plans in place which were in accordance with their SALT assessment. A significant number of staff had yet to receive training in dysphasia. This has been identified as an area of improvement. Discussions with the Manager confirmed knowledge and understanding for patients with SALT assessed needs and the procedures the home had put in place at mealtimes to minimise these.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Patients who are less able to mobilise require special attention to their skin care. These patients were assisted by staff to change their position regularly. One frailer patient said; "They (the staff) are all very good and keep me comfortable." Care records accurately reflected the patients' needs and if required nursing staff consulted the Tissue Viability Specialist Nurse (TVN) and followed the recommendations they made.

Examination of records and discussion with staff confirmed that the risk of falling and falls were suitably managed. There was evidence of appropriate onward referral as a result of the post falls review.

Care records were held confidentially.

Daily progress records were kept of how each patient spent their day and the care and support provided by staff. Any issues of assessed need had a recorded statement of care / treatment given with effect of same recorded.

The outcomes of visits from any healthcare professional were also recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a good standard of décor and furnishings being maintained. Patients' bedrooms were personalised with items important to the patient. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

An area of improvement was made for an identified mattress to be replaced as it was torn and ineffective for cleaning.

An area of improvement was made for all free standing wardrobes to be risk assessed in accordance with current safety guidance with subsequent appropriate action. A number of these posed a risk if a patient were to pull on same in the event of a fall.

The laundry department was tidy and well organised.

Cleaning chemicals were stored safely and securely.

The grounds of the home were nicely maintained.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and fire safety drills.

The home's most recent fire safety risk assessment was completed on 8 March 2023. The report of this assessment was yet to be published but email confirmation was received from the assessor saying that there were no significant recommendations made from this assessment.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided. Staff were also seen to adhere to correct IPC protocols.

5.2.4 Quality of Life for Patients

Observations of care practices confirmed that patients were able to choose how they spent their day.

It was also observed that staff offered choices to patients throughout the day which included preferences for food and drink options.

The genre of music and television channels played was appropriate to patients' age group and tastes.

The Manager reported that they are currently seeking to recruit additional activities co-ordinator hours.

The atmosphere in the home was relaxed with patients seen to be comfortable, content and at ease in their environment and interactions with staff. Two patients made the following comments; "It's a marvellous place. I am going home tomorrow but I'd gladly come back here." and "The staff are all lovely."

5.2.5 Management and Governance Arrangements

The Registered Manager of the home is Mrs Beena Joseph. Mrs Robena Heather Trimble, the Registered Person was also available in the home during this inspection.

Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The Manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure. Staff also said that they felt confident about raising any issues of concern to management and felt these would be addressed appropriately.

It was established that the Manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next

of kin, their care manager and to RQIA. A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported to the relevant stakeholders.

There was evidence that the Manager ensured that complaints were managed correctly and that records of complaint were suitably maintained.

There was a system of audits and quality assurance in place. These audits included; wound care, infection prevention and control and the dining experience.

The home was visited each month by the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Three areas for improvement have been identified where action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005**.

	Regulations	Standards
Total number of Areas for Improvement	3	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Beena Joseph, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 20(1) (c) Stated: First time To be completed by: 4 May 2023	The registered person must ensure all staff must receive up-to-date training in dysphagia. Ref: 5.2.2
	Response by registered person detailing the actions taken: The majority of staff completed the up to date training in dysphagia. The remaining five staff members are scheduled to complete it by 30/04/2023.
Area for improvement 2 Ref: Regulation 27(2) (c) Stated: First time To be completed by: 4 May 2023	The registered person shall replace the identified mattress. Ref: 5.2.3
	Response by registered person detailing the actions taken: The identified mattress was replaced on 05/04/2023.
Area for improvement 3 Ref: Regulation 27(2)(t) Stated: First time To be completed by: 4 May 2023	The registered person must risk assess all free standing wardrobes in accordance with current safety guidelines with subsequent appropriate action. Ref: 5.2.3
	Response by registered person detailing the actions taken: Risk assessed the free standing wardrobes in bed rooms and are now safely secured to the wall in accordance with current safety guidelines. The manager will be closely monitoring this on a regular basis.

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