

Unannounced Care Inspection Report 9 January 2018



Gortacharn

Type of Service: Nursing Home (NH)
Address: Brookborough Road, Lisnaskea, BT92 0LB
Tel No: 028 6772 1030
Inspector: Sharon Loane

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 55 persons.

3.0 Service details

Organisation/Registered Provider: Gortacharn Responsible Individual(s): Ms Jill Trimble Mr Richard James Trimble Mrs Robena Heather Trimble	Registered Manager: Ms Jill Trimble
Person in charge at the time of inspection: Jill Trimble	Date manager registered: 20 November 2015
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. Residential Care (RC) I – Old age not falling within any other category. LD (E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment.	Number of registered places: 55 comprising: 15 RC- I

4.0 Inspection summary

An unannounced inspection took place on 9 January 2018 from 10.30 to 17.15. This inspection focused specifically on the nursing unit. A pre-registration inspection of the residential unit was undertaken on the same day and a separate inspection report will be issued in respect of same.

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 Care Standards for Nursing Homes 2015.

The term 'patients' is used to describe those living in Gortacharn which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified during and 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.

There were examples of good practice found throughout the inspection in relation to management and governance arrangements, engagement with staff, patients and relatives and care delivery.

One area for improvement under regulation was identified in relation to the completion of the regulation 29 monthly monitoring reports.

Areas for improvement under the standards were identified in regards to the completion of the duty rota; training for new staff and staff meetings.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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	1	3

Details of the Quality Improvement Plan (QIP) were discussed with Jill Trimble, registered 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 25 January 2017

The most recent inspection of the home was an unannounced care inspection undertaken on 25 January 2017. 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.

There were no further actions required to be taken following the most recent inspection.

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 previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with eleven patients, six staff and three patients' visitors/representatives. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for nursing and care staff
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- a sample of incident and accident records
- one staff recruitment and induction file
- four patient care records
- supplementary care charts for example; repositioning charts
- a selection of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 15 January 2017

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated at this inspection.

6.2 Review of areas for improvement from the last care inspection dated 15 January 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Stated: First time	The registered provider should ensure that risk assessments, care plans and other care interventions should be reviewed and updated following any patients admission to hospital as per the nursing process, care standards and legislative requirements.	Met
	Action taken as confirmed during the inspection: A review of care records evidenced that this area for improvement has been met. Refer to section 6.5 for further detail.	

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from week 8 January to 17 January 2018 evidenced that planned staffing levels were adhered to. It was noted that the duty rota was not maintained in accordance with the care standards; for example; staff details were not recorded in full. This has been identified as an area for improvement under the care standards.

Short notice sick leave was recorded on duty rotas with evidence of actions taken to ensure adequate staffing levels were maintained. Discussion with the registered manager and a review of the duty rota evidenced that the registered manager was working on the floor as a registered nurse. The information reviewed indicated that she was working at a minimum three shifts per week spanning a twelve hour period. This matter was discussed with the registered manager who advised that this was attributed to a shortfall in registered nurses. Whilst there was no evidence that this arrangement was having a negative impact on the quality of care it was reinforced to the registered manager that this staffing arrangement could potentially impact on the operations of the home. The registered manager acknowledged this and agreed to keep this under review.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff, while busy, attended to patients' needs in a timely and caring manner. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels.

Staff recruitment information was available for inspection and records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced AccessNI checks were sought, received and reviewed prior to staff commencing work and records were maintained. A review of one employees application form identified that the reason for leaving previous employment had not been consistently recorded and there was no evidence that this had been discussed by the home. This matter was discussed with the registered manager who gave assurances that this would be addressed going forward. This area will be monitored during subsequent care inspections.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to enable the regular monitoring of the registration status of registered nurses with the NMC and care staff registration with NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training compliance records for 2017. Staff confirmed that they were required to complete mandatory training which was provided via face to face training. Records confirmed that staff had completed training in areas such as moving and handling, fire safety and adult safeguarding. However, it was noted that some new staff employed had not completed training in some areas for example; safe moving and handling. A discussion with the registered manager confirmed that awareness training was provided to support staff in the interim period until formal training could be completed. However, there were no records to evidence this information. This has been identified as an area for improvement under the standards.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that they were aware of their role and responsibilities and there were arrangements in place to embed the new regional safeguarding policy and operational procedures into practice. A safeguarding champion had been identified. This information was clearly displayed in the home for patients and their relatives. This is good practice.

Review of patients care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

A review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. This review evidenced that accidents and /incidents were managed and recorded in line with good practice guidelines and care standards. For example; relevant risk assessments and care plans were reviewed and updated post fall. Action plans were in place to address any deficits identified.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. The home was found to be warm, fresh smelling and clean throughout. Since the last inspection a number of bedrooms had been re-decorated to include soft furnishings.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of staffing adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas for improvement

Areas for improvement under the standards were identified in relation to the completion of the duty rota and the provision of training for staff at the commencement of their employment.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

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

A review of four care records evidenced that risk assessments and care plans were established to guide and inform the delivery of care. There was evidence that care plans had been reviewed and updated in response to the changing needs of patients. The care plans reviewed clearly demonstrated the care interventions required in relation to the needs and risks identified. Any advice and recommendations from other health and social care professionals were referred to as deemed necessary and appropriate. There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

A review of care records pertaining to the management of accident and incidents including falls prevention was undertaken. The accident/incident forms were completed to a satisfactory standard and there was evidence within the daily progress notes that registered nurses had monitored the patients for any adverse effects following the falls. A post falls review was carried out which included a review of risk assessments and care plans. In the event of a patient sustaining a head injury or a potential head injury following a fall, CNS observations records were available and maintained appropriately. Audits for falls had been completed and where shortfalls had been identified these resulted in an action plan being devised.

A review of a care record pertaining to wound and/or pressure management evidenced that care plans were available and identified the treatment actions required in accordance with the Tissue Viability Nurse (TVN) assessments. A review of a sample of wound assessments charts and associated documentation evidenced that the dressing regimes had been adhered to and were recorded in line with best practice guidelines.

A review of repositioning charts evidenced that these were completed to a satisfactory standard. Positional changes had been conducted as per the regime outlined in the patients care plan. A number of patients had pressure relieving mattresses on their beds, to prevent skin breakdown. The correct mattress settings were indicated on the majority of mattress pumps, to ensure their effective use. However, some mattresses observed were not set at the correct setting as per review of patient's weights. A discussion with some staff demonstrated that they were knowledgeable regarding the use of the equipment. However a monitoring system was not in place to ensure the settings were accurate. The registered manager agreed to review the current arrangements to assure the safe use of equipment and provide staff with further training. Post inspection, the registered manager confirmed by email of the actions taken in relation to same. This will be monitored at subsequent care inspections.

A review of a care record for a patient who had recently been in hospital evidenced that risk assessments and care plans had been reviewed and updated to reflect in changes in the patient's condition. Records were also available to evidence that the patient's weight had been recorded and a skin inspection completed on their return to the home. This had been identified as an area for improvement at the last care inspection.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

Discussion with the registered manager confirmed that staff meetings were held on a regular basis and records were maintained. However, it was noted that meetings were not held for all staff teams. For example; the last meetings held for kitchen and domestic staff were in 2016. This has been identified as an area for improvement under the care standards.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager and /or the owner of the home.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management. Discussion with the registered manager and review of records evidenced that patient and/or relatives meetings were held on a regular basis. The most recent meeting held was 1 December 2017. Minutes were available.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records and the culture of the home which promoted a sense of teamwork.

Areas for improvement

An area for improvement under the standards was identified in relation to the provision of meetings across all staff teams.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 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.

Observations throughout the inspection evidenced that there was a calm but busy atmosphere in the home. We arrived in the home at 10.30 and patients were observed enjoying a morning cup of tea/coffee and snack in either their bedrooms or communal areas in keeping with their personal preference. Some patients were also observed in bed, in adherence with their personal wishes and/or assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to drink/eat as required.

A discussion with the registered manager, staff and patients confirmed that those patients who remained in bed rest, got up late morning and /or had diabetes received their breakfast first before staff attended to other patients.

As previously discussed staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect in relation to how they spent their day and care delivery.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. There was evidence that suggestions for improvement had been considered and used to improve the quality of care delivered. A copy of the most recent annual report and action plan were available.

We spoke with three relatives during this inspection all of whom were complimentary regarding the management, staff and the care provided to their loved ones. Ten questionnaires were issued for relatives and patients to complete. In total, fourteen questionnaires were returned; patients (five); relatives (two) and seven questionnaires returned did not indicate if they were from a relative and/or patient. All responses received were positive and respondents indicated that they were either "very satisfied" or "satisfied" about the quality of care and services provided in Gortacharn.

We also spoke with ten staff. All staff spoken with advised that they enjoyed working in the home and a lot of them had worked in the home for several years. They also confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Staff were also provided with an opportunity to respond to an online survey. No responses were received.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff awareness of patients' needs, wishes and preferences; patient and staff interactions.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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 registration certificate issued by RQIA and a current certificate of public liability insurance were displayed appropriately.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. From discussions and observations made at the time of the inspection, it was apparent that patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

As previously discussed, a review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff, patients and relatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

Discussion with the registered manager and review of the home's complaints record evidenced that no complaints had been received since the last care inspection. The registered manager demonstrated that they were knowledgeable in regards to the management of a complaint as per Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015. Staff, patients and their representatives confirmed that they could raise any concerns and/or make a complaint but expressed that they were happy with the care delivered.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately.

A review of the governance arrangements evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, wound management, care records, infection prevention and control, environment, complaints, incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvement had been embedded into practice.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

A review of information evidenced that quality monitoring visits in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) were not been completed consistently on a monthly basis. This has been identified as an area for improvement under regulations.

As previously reported, staff confirmed that there were “good working relationships” and that management were responsive to any suggestions or concerns raised. Staff were enthusiastic about the home and believed they were “making a difference”.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements in place to assure quality care.

Areas for improvement

An area for improvement under regulation has been identified in relation to Regulation 29 monthly monitoring visits.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jill Trimble, registered 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 29</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2018</p>	<p>The registered person shall ensure that monthly monitoring visits are completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Reports should be maintained and available for inspection.</p> <p>Ref: Section 6.7</p>
	<p>Response by registered person detailing the actions taken: Monthly monitoring visits will be completed in accordance with regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Reports will be kept in the home and available for inspection.</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)

<p>Area for improvement 1</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2018</p>	<p>The registered person shall ensure that the duty rota is maintained in accordance with the criteria outlined in the Care Standards for Nursing Homes 2005.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: The duty rota will be maintained in accordance with the criteria outlined in the Care Standards for Nursing Homes 2005.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2018</p>	<p>The registered person shall ensure that staff receive 'awareness training' in the interim period until formal training is provided. A record should be kept of the training and information provided.</p> <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken: Until formal 'Moving and Handling/ Manual Handling' training has been arranged, all new staff members will receive 'Awareness Training' in the interim period. Records will be maintained.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2018</p>	<p>The registered person shall ensure that staff meetings are held across all staff teams on a regular basis and at a minimum quarterly.</p> <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken: A staff meeting for kitchen and domestic staff has been carried out following the inspection. Meetings will continue to be carried out regularly within all other staff teams.</p>

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



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