

Unannounced Care Inspection Report

16 February 2021



Gortacharn

Type of Service: Nursing Home

Address: 21 Nutfield Road, Lisnaskea BT92 0LB

Tel No: 028 6772 1030

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 2015.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 40 patients.

3.0 Service details

| | |
|--|---|
| Organisation/Registered Provider: Gortacharn Responsible Individual(s): Robena Heather Trimble Richard James Trimble | Registered Manager and date registered: Beena Joseph 26 March 2020 |
| Person in charge at the time of inspection: Beena Joseph, manager | Number of registered places: 40 A maximum of 4 persons in 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: 38 |

4.0 Inspection summary

An unannounced inspection took place on 16 February 2021 from 11.00 to 18.00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk. In response to this, RQIA decided to undertake an inspection to this home.

The following areas were examined during the inspection:

- staffing
- patient health and welfare
- care records
- infection prevention and control (IPC) measures
- the home's environment
- leadership and management arrangements.

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 | 4 | 3 |

Details of the Quality Improvement Plan (QIP) were discussed with Beena Joseph, 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.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection, registration information, and any other written or verbal information received.

This included the following records:

- notifiable events 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.

Questionnaires and 'Tell us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home.

The following records were examined during the inspection:

- staff duty rota for weeks commencing 8 February 2021 and the 15 February 2021
- three patients' daily reports and care records
- four patient care charts including topical prescription charts and repositioning charts
- record of staff mandatory training
- registered nurses competency and capability assessments for taking charge of the home in the absence of the manager
- a sample of governance audits/records
- one staff recruitment and induction file
- monthly quality monitoring reports for November 2020 and January 2021
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- fire risk assessment.

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

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 21 January 2020 which resulted in no areas for improvement.

6.2 Inspection findings

6.2.1 Staffing

On arrival to the home at 11.00 hours we were greeted by the responsible individual and staff who were helpful and attentive. There was a pleasant, relaxed atmosphere in the home throughout the inspection and staff were observed to have caring, cheerful and friendly interactions with patients.

The manager advised us of the daily staffing levels within the home and how these levels were reviewed regularly to ensure the assessed needs of the patients were met. Review of staff duty rotas evidenced the planned staffing levels had been adhered to.

Discussion with staff confirmed that they were satisfied with current staffing arrangements. Comments from staff included:

- “Very supported by management.”
- “I love working here.”
- “Lots of training.”
- “Lovely place to work.”
- “Great team.”

6.2.2 Patient Health and Welfare

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 attended to patients’ needs in a timely and caring manner. We observed staff quickly responding to the needs of one patient to maintain their dignity in a calm and sensitive manner. Staff demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and of how to provide comfort if required.

Discussion with staff and patients confirmed that systems were in place to ensure good communications between the home, the patient and their relatives during the COVID-19 visiting restrictions. Some examples of the efforts made included; video calls, telephone calls, visits to the window and onsite visits in accordance to COVID-19 visiting guidance.

Patients told us that they were well looked after by the staff and felt safe and happy living in Gortacharn. Comments from patients included:

- “Great place.”
- “Staff are perfect.”
- “Very happy here.”
- “Food is nice.”
- “It’s a home from home here.”

The activity coordinator was very enthusiastic in her role and provided live music and a sing along followed by pancake making within one of the large dayrooms. We observed positive interactions between the staff and patients who appeared to enjoy the activities and each other’s company.

We observed the delivery of meals and/or snacks throughout the day and saw that staff attended to the patients’ needs in a prompt and timely manner. Staff wore the appropriate personal protective equipment (PPE) and sat beside patients when assisting them with their meal. However, following discussion with staff they were unsure of the International Dysphagia Diet Standardisation Initiative (IDDSI) terminology and provided inaccurate information for one patient regarding the recommended fluid type as per speech and language therapist (SALT). This was discussed with the manager who agreed to provide relevant training for staff and an area for improvement was identified.

We observed prescribed supplements and medicines on top of a medicine trolley unattended within an area accessible to patients and brought this to the attention of the registered nurse who acknowledged that this was not good practice and immediately secured the medicines. This was discussed with the manager and an area for improvement was stated.

Shortfalls were also identified regarding the management of risk to patients throughout the home. We observed a number of bedrooms with a nurse call lead across the bedroom floor which presented as a potential tripping hazard, cleaning chemicals unsecure in two areas of the home and the sluice room door was unlocked on at least two occasions. Each of these areas was easily accessible to patients and the potential risks were discussed with the manager. Whilst we acknowledge that some of this was addressed during the inspection, a monitoring system is needed to ensure potential risks to patients are eliminated as far as possible. This was identified as an area for improvement.

6.2.3 Care Records

We reviewed three patient’s care records which evidenced that care plans and risk assessments were reviewed regularly. However, on review of patient profiles and admission records, we identified a number of medical conditions that had not been recorded within care plans. Specific examples were discussed in detail with the manager who acknowledged the shortfalls in the documentation and agreed to communicate with relevant staff the importance of accurately recording such information within patients’ care records. In order to drive and sustain the necessary improvements, an area for improvement was made.

On review of a sample of patient supplementary charts for repositioning and the application of prescribed topical creams we identified a number of deficits as follow:

- the recommended frequency of repositioning was not recorded within the charts
- the direction for use of prescribed topical creams was not consistently recorded
- there were 'gaps' in the recording of prescribed topical creams being applied
- the names of patients were not routinely recorded within the supplementary charts.

We discussed these deficits in detail with the manager who acknowledged the shortfalls in the documentation and an area for improvement was stated.

6.2.4 Infection prevention and control (IPC) measures

There were robust systems in place to ensure that contact details of any visitors to the home were obtained and their temperature checked in line with current COVID-19 guidelines.

There was an adequate supply of PPE and hand sanitising gel throughout most of the home. We observed one corridor with limited hand sanitiser and discussed this with the manager who advised that additional hand sanitisers would be installed to this area.

Deficits were identified in relation to the environment and IPC. We observed a number of en-suites, a bathroom and communal toilets to be cluttered with patient equipment and/or boxes; no cover on identified light pull cords; and surface damage to identified bedroom furniture, a bath panel and patient equipment. We further observed cleaning clothes on domestic trolleys which were not colour coded; hoist slings used between patients and stored within a bathroom or over hoists within corridors. This was discussed in detail with the manager and an area for improvement was stated. The manager advised that new hoist slings had been ordered prior to the inspection for individual use.

6.2.5 The home's environment

The home was fresh smelling, neat and tidy with the majority of communal areas such as lounges, reception areas and corridors kept clear and free from obstruction. Patients' bedrooms were found to be personalised with items of memorabilia and special interests. The manager advised that painting of walls and replacement of floor coverings/furniture was on the home's refurbishment plans and would be completed once COVID-19 restrictions are relaxed.

We observed a small lounge within the home being used as a staff dining room. The importance of rooms being used for the purpose that they are registered for was discussed with the manager. Following the inspection, the manager provided written confirmation that this was a temporary measure during the COVID-19 period and that the room would return to its registered purpose.

We also observed two fire doors that were not fitting correctly to the door frame, multiple boxes and other combustible materials stored within a bathroom and the use of a multi block electric extension lead in a patient's bedroom which we considered to be a potential fire risk. We requested the manager to review these issues from a fire safety perspective. This was identified as an area for improvement. Following the inspection the manager provided written confirmation that these issues had been addressed.

We reviewed the fire risk assessment for March 2020. The manager outlined the remedial works to address the action plan of the assessment and that these were almost complete. Following the inspection the manager provided written confirmation that the actions had been

addressed. This information was shared with the estates inspector and assessed as satisfactory.

6.2.6 Leadership and management arrangements

Discussion with the person in charge and the staff confirmed that there is a clear management structure within the home. Following the last inspection the deputy manager has been appointed as the manager. The staff spoken with commented positively about the manager and described her as supportive and approachable.

Review of one staff recruitment file evidenced that appropriate employment checks had been carried out in line with best practice. Induction records were also reviewed and maintained within the employee's file.

A number of audits including environment, IPC, care records and hand hygiene audits were completed on a monthly basis by the management team to ensure the safe and effective delivery of care. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual. Copies of the report were available and where areas for improvement were identified, there was an action plan in place with defined timeframes.

Areas of good practice

Evidence of good practice was found in relation to the friendly, supportive and caring interactions by staff towards patients and we were assured that there was compassionate care delivered in the home.

Areas for improvement

Seven new areas were identified for improvement. These were in relation to staff knowledge of the IDDSI terminology, safe storage of medicines, risk management, care records, supplementary records, IPC and fire safety.

| | Regulations | Standards |
|--|-------------|-----------|
| Total number of areas for improvement | 4 | 3 |

6.3 Conclusion

There was evidence of appropriate leadership and management structures within the home and patients appeared to be content and settled in their surroundings. Staff were knowledgeable regarding the needs of patients and how to access relevant services to ensure that the needs of patients are met. We were satisfied that the appropriate action had been taken to address any immediate issues identified during the inspection.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Beena Joseph, 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 | |
| Area for improvement 1 Ref: Regulation 14 (2)(a) Stated: First time To be completed by: With immediate effect | <p>The registered persons must ensure that all areas of the home to which patients have access are free from hazards to their safety.</p> <p>With specific reference to ensuring that:</p> <ul style="list-style-type: none"> chemicals are securely stored in keeping with COSHH legislation the sluice room is kept locked combustible items are removed from the identified bathroom potential trip hazards are reviewed all grades of staff are aware of their responsibility to report and action any actual or potential hazards. <p>Ref: 6.2.2</p> |
| | <p>Response by registered person detailing the actions taken: Chemicals are securely stored now in a locked cupboard in keeping with COSHH legislation. Sluice room is kept locked all the time and staff are fully aware of the importance of keeping it locked. All combustible items are removed from the identified bathroom. Potential trip hazards have been reviewed and staff fully aware of the responsibility to report and action any actual or potential hazards.</p> |
| Area for improvement 2 Ref: Regulation 16 (2) (b) Stated: First time To be completed by: 16 March 2021 | <p>The registered person shall ensure that a review of all patients care records is completed and where a medical history remains relevant a care plan is implemented.</p> <p>Ref: 6.2.3</p> |
| | <p>Response by registered person detailing the actions taken: All patients care records have been reviewed and care plans implemented for relevant medical history.</p> |
| Area for improvement 3 Ref: Regulation 13 (7) Stated: First time To be completed by: With immediate effect | <p>The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed. With specific reference to:</p> <ul style="list-style-type: none"> the storage of patient equipment and/or furniture within en-suites and communal bathrooms/toilets cleaning clothes are reviewed light pull cords are covered |

| | |
|--|--|
| | <ul style="list-style-type: none"> • furniture with surface damage is repaired/replaced • the bath panel is replaced • hoist slings are stored appropriately and decontaminated between use. <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: All the above identified issues were addressed with immediate effect. Patient's equipment/ furniture have been removed from the communal bathrooms/toilets. Colour coded cleaning cloths are in use. Identified light pull codes have been covered. Furniture with surface damaged has been replaced. New bath panel in place. New hoist slings have been ordered for individual use, meantime decontaminating slings between use .</p> |
| <p>Area for improvement 4</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p> | <p>The registered person shall take adequate precautions against the risk of fire.</p> <p>With specific reference to ensuring that:</p> <ul style="list-style-type: none"> • fire doors are able to close effectively • the use of a multi block electric extension lead in an identified patient's bedroom is reviewed. <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: Identified issues with the fire doors were addressed with immediate effect. All doors are closing effectively. The multi block electric extension lead has been removed from the identified room and new wall socket has been installed.</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 12</p> <p>Stated: First time</p> <p>To be completed by: 16 March 2021</p> | <p>The registered person shall ensure that staff are provided with training specific to IDDSI and are knowledgeable regarding patients SALT recommendations.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: staff members are fully aware of the IDDSI levels and the SALT recommendations of the patients with swallowing difficulty. Staff attended training in diet and nutrition specific to IDDSI</p> |
| <p>Area for improvement 2</p> <p>Ref: Standard 30</p> | <p>The registered person shall ensure that prescribed medicines are securely stored at all times within the home.</p> <p>Ref: 6.2.2</p> |

| | |
|--|--|
| Stated: First time To be completed by: With immediate effect | Response by registered person detailing the actions taken: All prescribed medications are securely stored within the home. All staff nurses are fully aware of the same. |
| Area for improvement 3 Ref: Standard 35 Stated: First time To be completed by: With immediate effect | The registered person shall ensure that supplementary recording charts specific to repositioning and prescribed topical creams are reviewed to include: <ul style="list-style-type: none"> • the recommended frequency of repositioning • the direction for use of prescribed topical creams • 'gaps' in the recording of prescribed topical creams are monitored by management and addressed • the patients full name is recorded within supplementary charts. Ref: 6.2.3 Response by registered person detailing the actions taken: All repositioning and topical cream charts have been reviewed. New charts in place with patient's full details and frequency of repositioning. New topical cream charts are in place with accurate directions for the use of prescribed creams. These records are monitored closely by the management . |

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



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