

Inspection Report

20 October 2022



Gortacharn

Type of service: Nursing Home
Address: 21 Nutfield Road,
Lisnaskea, BT92 0LB
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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: Mrs Robena Heather Trimble Mr Richard James Trimble	Registered Manager: Mrs Beena Joseph Date registered: 26 March 2020
Person in charge at the time of inspection: Mrs Beena Joseph	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
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 a single storey building and all bedrooms are single occupancy. Patients have access to communal lounges, a dining room and a garden. There is also a registered Residential Care Home under the same roof and the Manager for this home manages both services.	

2.0 Inspection summary

An unannounced inspection took place on 20 October 2022, from 9.45am to 4.40pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas for improvement identified during the inspection are detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0.

Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

The findings of this report will provide the management team with the necessary information to improve staff practice and the patients' experience.

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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection patients and staff were asked for their opinion on the quality of the care and their experience of living or working in this home. 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.

Questionnaires and 'Tell Us' cards 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 findings of the inspection were provided to the management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "Great place", "The staff are all brilliant", "This is an excellent nursing home", "I feel very safe here" and "I am very well cared for". One patient said they sometimes have to wait a long time for staff to respond to their nurse call alarm. This was shared with the Manager to review and to action where necessary.

Two questionnaires were received from relatives who both indicated that they were very satisfied with the overall provision of care.

Staff said that the Manager was very approachable, teamwork was great and that they felt well supported in their role. One staff member said: "Beena (Manager) is great" and a further staff member said: "I really enjoy working here". A small number of staff said an additional care assistant was needed in the morning and that the availability of staff was limited to cover short

notice absenteeism. Staff also said they were aware of the homes recruitment drive and welcomed the availability of more staff. There was no response from the staff online survey.

One relative commented positively about the home and the care provided. Comments included: "Very happy with the care here" and "No concerns".

Comments received during the inspection were shared with the management team.

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 01 September 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that records for the administration of thickening agents are fully and accurately maintained.	Met
	Action taken as confirmed during the inspection: Review of relevant records and discussion with the Manager during and following the inspection evidenced that this area for improvement had been met.	
Area for improvement 2 Ref: Regulation 13 (1) (a) (b) Stated: First time	The registered person shall ensure that where a patient has an identified weight loss which requires input from relevant health care professionals, that a timely referral is made. Details of the patient's weight loss, the action required and action taken must be accurately recorded within the patients care records including daily progress notes and the nurse communication diary where relevant.	Met
	Action taken as confirmed during the inspection: Review of relevant care records and discussion with the Manager evidenced that this area for improvement had been met.	

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that where a patient is at risk of dehydration:</p> <ul style="list-style-type: none"> the recommended daily fluid target is recorded within the patients care plan, with the action to be taken, and at what stage, if the recommended target is not met the recommended daily fluid target is recorded within daily fluid intake monitoring charts to direct relevant staff a record of daily fluid intake is maintained as directed within the patients care plan a risk assessment is completed and reviewed regularly. <p>Action taken as confirmed during the inspection: Review of relevant care records and discussion with the Manager evidenced that this area for improvement had been met.</p>	<p>Met</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 41</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the duty rota:</p> <ul style="list-style-type: none"> accurately reflects the person in charge in the absence of the manager includes the job title of staff prohibits the use of correction fluid. <p>Action taken as confirmed during the inspection: Review of relevant records and discussion with the Manager evidenced that this area for improvement had been met.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 23</p> <p>Stated: First time</p>	<p>The registered person shall ensure that where a patient has been assessed as requiring repositioning:</p> <ul style="list-style-type: none"> the care plan contains the recommended frequency of repositioning and any specialised equipment repositioning charts and daily progress notes accurately reflect the frequency of repositioning as directed within the care plan. 	<p>Met</p>

	Action taken as confirmed during the inspection: Review of relevant care records and discussion with the Manager evidenced that this area for improvement had been met.	
Area for improvement 3 Ref: Standard 12.15 Stated: First time	The registered person shall ensure that meals are presented in a way that is attractive and appealing in terms of flavour, texture and appearance. With specific reference to texture-modified meals. Action taken as confirmed during the inspection: Observation of the delivery of meals and discussion with the Manager evidenced that this area for improvement had been met.	Met
Area for improvement 4 Ref: Standard 12 Stated: First time	The registered person shall ensure that all relevant staff are knowledgeable regarding patients dietary needs as per SALT recommendations. Action taken as confirmed during the inspection: Discussion with staff and the Manager evidenced that this area for improvement had been met.	Met
Area for improvement 5 Ref: Standard 35 Stated: First time	The registered person shall ensure that robust processes are in place to ensure that effective communication is achieved between staff regarding the needs of patients. Action taken as confirmed during the inspection: Review of relevant records, discussion with staff and the Manager evidenced that this area for improvement had been met.	Met

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling, fire safety and adult safeguarding. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

Appropriate checks had been made to ensure that registered nurses maintained their registration with the Nursing and Midwifery Council (NMC) and care workers with the Northern Ireland Social Care Council (NISCC).

Review of three employees' recruitment records evidenced that not all relevant pre-employment information had been obtained prior to commencing employment. Details were discussed with the management of the home and an area for improvement was identified. Following the inspection written assurances were required from the Responsible Individual in relation to the immediate action taken to address pre-employment recruitment checks. This confirmation was received on 21 October 2022.

Staff said teamwork was good and that the Manager was very supportive and approachable. Staff also said that, whilst they were kept busy, the number of staff on duty was satisfactory to meet the needs of the patients. However, as mentioned above in section 4.0 a small number of staff commented on staffing levels in the morning and the availability of staff to cover short notice absenteeism. Comments from staff were shared with the management team to action where necessary.

The staff duty rota accurately reflected the staff working in the home on a daily basis with the person in charge highlighted when the Manager was not on duty. Observation of the delivery of care during the inspection evidenced that patients' needs were met by the levels and skill mix of staff on duty.

Competency and capability assessments for registered nurses taking charge of the home in the absence of the Manager had been completed and were available during the inspection.

A matrix system was in place for staff supervision and appraisals to record staff names and the date that the supervision/appraisal had taken place.

5.2.2 Care Delivery and Record Keeping

There was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff. The inspector also observed where staff facilitated the patient's favourite music or television programme for those patients who were on bed rest. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

Patients who were less able to mobilise require special attention to their skin care. Review of two patient's care records relating to pressure area care evidenced that these were well maintained.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients and the lunchtime dining experience was seen to be calm and relaxed. Patients who choose to have their lunch in their bedroom had trays delivered to them and whilst the meals were covered the desserts were uncovered. This was discussed with the Manager who agreed to address this and to monitor going forward.

There was a choice of meals offered, the food was attractively presented by the catering staff and smelled appetising. Staff knew which patients preferred a smaller portion and demonstrated their knowledge of individual patient's likes and dislikes. Whilst most staff were seated when assisting patients with their meals, one staff member was observed standing. This was discussed with the Manager who provided written confirmation following the inspection of the action taken to address this.

Staff said they were made aware of patients' nutritional needs to ensure that recommendations made by the Speech and Language Therapist (SALT) were adhered to. Discussion with staff evidenced that they were providing the correct diet as recommended by SALT.

Review of three patient care records evidenced that care plans and risk assessments were reviewed on a regular basis. A small number of deficits were identified and discussed with the Manager who agreed to review and update these records accordingly. Following the inspection written confirmation was received from the Manager that relevant care records had been updated.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. Corridors were clear of clutter and obstruction and fire exits were also maintained clear.

The home was warm, clean and comfortable. Patients' bedrooms were personalised with items important to the patient. The Manager confirmed that refurbishment was ongoing to ensure the home is well maintained.

The Manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases and that any outbreak of infection was reported to the Public Health Agency (PHA).

There was a good supply of personal protective equipment (PPE) and hand sanitising gel in the home. Staff use of PPE and hand hygiene was regularly monitored by management and records were kept. The Manager also said that any issues observed regarding infection prevention and control (IPC) measures or the use of PPE was immediately addressed.

Observation of staff practices evidenced that they were not consistently adhering to IPC measures, including inappropriate storage of patient equipment and transportation of unclean laundry. Details of these and any other IPC issues identified during the inspection were discussed with the Manager who acknowledged that these findings were not in keeping with IPC best practice and an area for improvement was identified.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients confirmed that they could remain in their bedroom, go to a communal room or outdoors as desired.

Observation of life in the home and discussion with staff and patients established that staff engaged with patients individually or in groups; patients were afforded the choice and opportunity to engage in social activities, if they wished.

Patients commented positively about the food provided within the home with comments such as; “The food is great”, “(The) food is very nice”, “The food is far too good”, “Really big portions” and “Always a choice of two meals”.

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been no change to management arrangements for the home since the last inspection. The Manager said they felt well supported by senior management and the organisation.

There was evidence that the Manager had a system of auditing in place to monitor the quality of care and other services provided to patients. Where deficits were identified the audit process included an action plan with the person responsible for completing the action and a time frame for completion and follow up to ensure the necessary improvements had been made.

The home was visited each month by the Responsible Person 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 and available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Beena Joseph, Registered Manager, and Mrs Robena Trimble, Responsible Person, 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 21 (1) (a) (b) Stated: First time To be completed by: With immediate effect	<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: 5.2.1</p> <p>Response by registered person detailing the actions taken: Recruiting will be carried out in accordance with the best practice guidance and legislation. The recruitment files will be completed and will be verified by the manager prior to the commencement of employment.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 46 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that the IPC issues identified during the inspection are addressed.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The IPC issues identified during the inspection were actioned with immediate effect and will be closely monitored on a daily basis by the Manger and nurse in charge.</p>

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