



# Unannounced Secondary Care Inspection Report 21 January 2020



## Gortacharn

**Type of Service: Nursing Home**  
**Address: 21 Nutfield Road, Lisnaskea BT92 0LB**  
**Tel No: 028 6772 1030**  
**Inspector: Jane Laird**

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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

<b>Organisation/Registered Provider:</b> Gortacharn  <b>Responsible Individual(s):</b> Robena Heather Trimble Richard James Trimble	<b>Registered Manager and date registered:</b> Jill Trimble 20 November 2015
<b>Person in charge at the time of inspection:</b> Beena Joseph, Deputy Manager	<b>Number of registered places:</b> 40 A maximum of 4 persons in NH-LD
<b>Categories of care:</b> 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.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b>  37

### 4.0 Inspection summary

An unannounced focused inspection took place on 21 January 2020 from 11.15 hours to 17.30 hours.

The inspection assessed progress with all 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.

Evidence of good practice was found in relation to adult safeguarding, falls management, care delivery, team work, and communication between patients, staff and other key stakeholders. Further areas of good practice were identified in relation to the culture and ethos of the home, listening to and valuing patients and their representatives and taking account of the views of patients.

It was positive to note that all areas for improvement identified from the previous care inspection have been met. There were no areas for improvement identified during this inspection.

Patients described living in the home as being a good experience. Comments received from patients, people who visit them, professionals and staff during and after the inspection, are included in the main body of this report.

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Beena Joseph, Deputy Manager, as part of the inspection process and can be found in the main body of the report.

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

## 4.2 Action/enforcement taken following the most recent inspection dated 4 June 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 4 June 2019. 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.

## 5.0 How we inspect

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

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home.

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 13 January 2020 to 26 January 2020
- three patient care records
- two staff recruitment and induction files
- a sample of governance audits and records
- a sample of care charts including food and fluid intake charts and repositioning charts
- monthly monitoring visits from November 2019

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either 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 previous inspection(s)**

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> Ref: Regulation 21 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. This is particularly relevant to documentary evidence of pre-employment vetting by AccessNI and registration with an appropriate professional regulatory body where necessary.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of staff recruitment records evidenced that this area for improvement had been met.	
<b>Area for improvement 2</b> Ref: Regulation 13 (1) (b) Stated: First time	The registered person shall ensure that all unwitnessed falls are managed in line with current best practice and that neurological observations are obtained and maintained for the appropriate period.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of accident/incident and care records evidenced that this area for improvement had been met.	
<b>Area for improvement 3</b> Ref: Regulation 27 Stated: First time	The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> The inspector confirmed that the infection prevention and control issues identified during the previous inspection had been addressed. This is discussed further in 6.2.4.</p>	
<p><b>Area for improvement 4</b> <b>Ref:</b> Regulation 14 (2) (a) (b) and (c) <b>Stated:</b> First time</p>	<p>The registered person shall ensure that cleaning chemicals are suitably labelled and stored in accordance with COSHH regulations.</p> <p><b>Action taken as confirmed during the inspection:</b> Observations confirmed that this area for improvement had been met.</p>	<b>Met</b>
<p><b>Area for improvement 5</b> <b>Ref:</b> Regulation 13 (1) (a) <b>Stated:</b> First time</p>	<p>The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the recommendations of other health care professionals.</p> <p>Specific reference to recording charts, daily records and care plans:</p> <ul style="list-style-type: none"> <li>• action taken should be documented within daily records when set fluid targets have not been maintained</li> <li>• where a patient has been repositioned the frequency should reflect the current care plan and state the condition of the patients skin and intervention on each repositioning</li> <li>• care plans identified during the inspection in relation to frequency of repositioning, mobility and dietary requirements should be personalised and specific to the patients current needs</li> <li>• ensure that the settings on pressure relieving mattresses are maintained at the correct setting and included in the patients care plan.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Review of care records and supplementary charts evidenced that this area for improvement had been met. This is discussed further in 6.2.3.</p>	<b>Met</b>
<p><b>Area for improvement 6</b> <b>Ref:</b> Regulation 29 <b>Stated:</b> First time</p>	<p>The registered person shall ensure the report undertaken in accordance to Regulation 29 is sufficiently robust, reflects the conduct of the nursing home and identifies clearly when and how deficits in the quality of nursing or other services</p>	<b>Met</b>

	provided are to be met and the action taken if they are not.	
	<p><b>Action taken as confirmed during the inspection:</b> Review of monthly monitoring reports evidenced that this area for improvement had been met.</p>	
<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 July 2019</p>	<p>The registered person shall ensure the following in regards to the provision of care to patients who require the use of fall out mats.</p> <ul style="list-style-type: none"> <li>• A record of written consent should be obtained from the patient where possible. In the event of such consent being unavailable then a record of a best interest decision making consultation should be completed which evidences that the practice being implemented is necessary and proportionate.</li> <li>• A care plan is implemented detailing the intervention which is reviewed monthly or more often if deemed necessary.</li> </ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Review of care records evidenced that this area for improvement had been met.</p>	
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that staffing rotas include the first and surname of each member of staff and the hours worked by the registered manager are clearly reflected on the duty rota as to whether they are management or nursing hours.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Review of staffing rotas evidenced that this area for improvement had been met.</p>	
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that robust management systems are appropriately established to effectively monitor and report on the safe delivery of care in the home.</p> <p>The registered manager must;</p> <ul style="list-style-type: none"> <li>• Commence environmental audits which must be sufficiently robust to identify any poor practice and drive and sustain hygiene standards.</li> <li>• Ensure that audits where deficits are identified</li> </ul>	<b>Met</b>

	<p>have a clear action plan with time frames and the name/title of the person responsible to address the deficits.</p>	
	<p><b>Action taken as confirmed during the inspection:</b>                  Review of governance audits/records evidenced that this area for improvement had been met. This is discussed further in 6.2.5.</p>	

**6.2 Inspection findings**

**6.2.1 Staffing provision**

On arrival to the home at 11.15 hours we were greeted by staff who were helpful and attentive and appeared confident in their delivery of care. The majority of patients were seated within one of the lounges, whilst others remained in bed as per their assessed needs. There was a relaxed atmosphere within the home and nurse call alarms were answered promptly.

The deputy manager confirmed the planned daily staffing levels for the home and that these levels were generally adhered to but that they can be affected on occasions due to short notice absence. Discussion with the deputy manager confirmed that where possible shifts were ‘covered’ with available staff and recruitment for suitably skilled and experienced care assistants and registered nurses was on-going. Staff spoken with confirmed what the deputy manager had discussed with us and that they had some concerns about the review of staffing taking into consideration patients assessed needs and dependency levels. The deputy manager informed us that patient dependency levels are reviewed monthly by management or more frequently if required but agreed to discuss this with the manager to action where necessary.

Discussion with staff evidenced that care staff were required to attend a handover meeting at the beginning of each shift. Staff understood the importance of handover reports in ensuring effective communication and confirmed that this was part of their daily routine.

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 management or the nurse in charge.

**Areas for improvement**

There were no areas for improvement identified during the inspection in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0



### 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. We observed staff attending to patients needs in a caring manner and as promptly as possible.

Patients’ bedrooms were personalised with possessions that were meaningful to them and reflected their life experiences. Patients and staff spoken with were complimentary in respect of the home’s environment. This is discussed further in 6.2.4.

Consultation with 17 patients individually, and with others in small groups, confirmed that living in Gortacharn was a positive experience.

**Patient comments included:**

- “Very happy here.”
- “Staff are very good here.”
- “Couldn’t say anything bad about this place.”
- “Food is great.”
- “Staff are looking after me well.”

**Patient representative comments included:**

- “Care is good.”
- “Never have any issues.”
- “This is a very good home.”
- “Very skilled staff.”

There was clear evidence of a relaxed, pleasant and friendly atmosphere between patients and staff. A religious service was taking place in the afternoon followed by music therapy provided by the activity person, where patients were encouraged to participate in singing along to familiar tunes. The patients appeared to enjoy the interaction between the staff and each other. This was commended by the inspector.

**Areas for improvement**

There were no areas for improvement identified during the inspection in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.2.3 Management of patient care records

Review of three patient care records evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patients. We reviewed the management of nutrition, patients’ weight, management of falls and wound care. There was evidence of regular communication with families and other healthcare professionals within the care records. A system was also in place to audit patient care records and each patient had a key worker. We identified a number of care plans that were not personalised for a recently admitted patient and discussed this with the deputy manager who updated the care plans prior

to the completion of the inspection and agreed to enhance the monitoring audits on all newly admitted patients going forward. This will be reviewed at a future inspection.

On review of repositioning records for identified patient's it was evident that they were being repositioned frequently, however, the recommended frequency of repositioning was not included in the daily recording chart to direct staff. We further identified that a patient who was up to sit during the day did not have any record of repositioning unless in bed. This was discussed with the deputy manager who agreed to review the patients care plan and communicate with relevant staff the importance of accurately documenting the frequency of repositioning on recording charts to direct the relevant care. This will be reviewed at a future inspection.

**Areas for improvement**

There were no areas for improvement identified during the inspection in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.2.4 General environment**

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining rooms and storage areas. The home was found to be warm and comfortable throughout. The deputy manager confirmed that a review of the environment is carried out on a monthly basis by management and any areas identified as requiring redecorated are actioned with timeframes established.

We observed a number of items of furniture and patient equipment as damaged or not effectively cleaned following use which was discussed in detail with the deputy manager, including infection prevention and control (IPC) practices and inappropriate storage of equipment. Following the inspection written confirmation was received that identified equipment/furniture was cleaned and stored appropriately and an order had been placed to purchase equipment/furniture where necessary. This is discussed further in 6.2.5.

**Areas for improvement**

There were no areas for improvement identified during the inspection in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.2.5 Management and governance arrangements**

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded.

A number of audits were completed on a monthly basis by the manager/deputy manager to ensure the safe and effective delivery of care. For example, falls in the home were monitored on a monthly basis for any patterns and trends which provided the location, time and nature of the fall. IPC, care records, hand hygiene and environment audits were also carried out

monthly. As previously discussed in 6.2.4 deficits were identified in relation to IPC and on review of the environmental audits it was evident that a number of these deficits had been identified by the manager with an action plan to address the deficits. However, the actions agreed were not always followed up in a timely manner to ensure that the deficits identified had been addressed. The deputy manager acknowledged the findings and agreed to discuss this with the manager to enhance the audit follow up. This will be reviewed at a future inspection.

### Areas for improvement

There were no areas for improvement identified during the inspection in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.



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