



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 4 June 2019



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: Jill Trimble 20 November 2015
Person in charge at the time of inspection: Jill Trimble	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: 37

4.0 Inspection summary

An unannounced inspection took place on 4 June 2019 from 09.40 hours to 18.30 hours.

Evidence of good practice was found in relation to induction, supervision and appraisal, adult safeguarding, communication between patients, staff and other key stakeholders and maintaining good working relationships. Further areas of good practice was 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.

Areas requiring improvement were identified in relation to recruitment, post falls management, infection prevention and control (IPC), control of substances hazardous to health (COSHH), record keeping, the management of fall out mats, staffing rotas, quality assurance audits and monthly monitoring visit reports.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, people who visit them 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
Total number of areas for improvement	6	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 22 January 2019

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 22 January 2019.

No further actions were required to be taken following the most recent inspection on 22 January 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous care 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

Questionnaires and '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 was provided for staff detailing how they could complete an electronic questionnaire. 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 27 May 2019 to 9 June 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records

- incident and accident records
- two staff recruitment and induction files
- three patient care records
- five patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits/records
- complaints record
- compliments received
- staff supervision/appraisal records
- a sample of reports of visits by the registered provider from March 2019
- RQIA registration certificate

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 outstanding areas for improvement from previous care and premises inspection

There were no areas for improvement identified at the previous care inspection.

The eight areas of improvement identified at the previous premises inspection have been reviewed by the aligned estates inspector and assessed as met.

6.2 Inspection findings

6.3 Is care safe?

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

We arrived in the home at 09.20 hours and were greeted by the registered manager and staff who were helpful and attentive. Patients were mainly seated in one of the lounges in preparation for breakfast whilst others remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

A review of the staffing rota from 27 May 2019 to 9 June 2019 evidenced that the planned staffing levels were adhered to. The recording of the staffing duty rota required some improvements and is discussed further in 6.7. Discussion with the registered manager further confirmed that contingency measures were in place to manage short notice absence when necessary and that recruitment was ongoing for suitably skilled care assistants and registered nurses. Rotas also

confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

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. 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.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff said that they felt supported by the home manager and that they worked well together as a team. Comments included, "I love it here", "Feel very supported" and "Good staffing levels". We also sought staff opinion on staffing via the online survey although nil responded within the required time frame post inspection.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Gortacharn. We also sought the opinion of patients on staffing via questionnaires. Five questionnaires were returned from patients who were very satisfied with the service provision across all four domains.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care assistants with the Northern Ireland Social Care Council (NISCC). However, on review of two staff recruitment files, the records suggest that an employee commenced employment prior to their Access NI being approved and there was no written evidence that the employees NMC registration was checked prior to commencing employment and/or during their employment. The second recruitment file demonstrated that gaps in employment had not been explored. This was discussed with the registered manager and an area of improvement was identified.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Staff 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 the regional operational safeguarding policy and procedures were embedded into practice.

Discussion with the registered manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. However, on review of the accident register it was identified that following three unwitnessed falls staff did not record whether or not they had obtained neurological observations. This was discussed with the registered manager and identified as an area for improvement.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA and identified that a recent fall which resulted in a head injury had not been referred to RQIA. This was discussed with the registered manager and a notification was submitted retrospectively. This information was also reviewed as part of the responsible individual's monthly monitoring visit. This is discussed further in 6.6.

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 and comfortable throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. Radiators in identified bedroom ensembles were very warm to touch presenting as a potential risk to patients. This was discussed with the registered manager who agreed to have the maintenance personnel review all radiators as part of the regular maintenance checks for the home and action accordingly. Following the inspection the registered manager confirmed that the relevant checks had been carried out and radiator temperatures adjusted as necessary.

We identified patient equipment in several communal toilets and patients' ensembles which were inadequately cleaned after use. There was evidence of inappropriate storage of fire safety equipment and some damaged patient equipment unable to be appropriately cleaned within ensuite bathrooms. There was confusion amongst staff in relation to whether identified patients had active infections or a history and staff were unsure of the correct IPC procedures to follow. The above issues were discussed in detail with the registered manager and an assurance was provided that these areas would be addressed with staff and measures taken to prevent recurrence. This was identified as an area for improvement.

We identified a number of concerns regarding the management and safe storage of chemicals in the home. This included the locking of sluice doors, patient toiletries being left unattended in communal bathrooms, and the need to have clear labels on chemical dispensing bottles. These matters were discussed with the registered manager and assurances were received that action would be taken immediately as required. This was identified as an area for improvement.

A number of audits were completed on a monthly basis by the registered manager and/or deputy manager to ensure the safe and effective delivery of care. Monthly audits were carried out on patients' with wounds which were well maintained but did not provide a clear action plan when deficits were identified. Hand hygiene audits were also carried out on a monthly basis and where deficits were identified there was written communication of the action taken. On review of the issues identified during inspection the registered manager acknowledged that there were no environmental audits carried out which possibly would have identified the issues and agreed to implement an environmental audit going forward. This is discussed further in 6.6.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, induction, training, supervision and appraisal, adult safeguarding.

Areas for improvement

The following areas were identified for improvement in relation to recruitment, post falls management, infection prevention and control and COSHH.

	Regulations	Standards
Total numb of areas for improvement	4	0

6.4 Is care effective?

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

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 patient. We reviewed the management of nutrition, patients' weight, management of infections and restrictive practice. A daily record had been maintained to evidence the delivery of care and there was evidence that the care planning process included input from patients and/or their representatives, if necessary. A system was also in place to audit patient care records and each patient had a key worker.

Care records reflected that, where appropriate, referrals were made to relevant healthcare professionals and there was evidence that care plans had been reviewed in accordance with recommendations made.

On review of the repositioning records there were gaps identified within the charts where patients had not been repositioned as per their care plan. It was further identified that there were inconsistencies in the details of care plans regarding frequency of repositioning, mobility and dietary requirements. Skin integrity care plans did not include the type of mattress that the patient was being nursed on or the recommended setting. It was further identified that set fluid intake targets were not consistently met and where targets were set they generally averaged as a lower intake than the total recommended daily intake with no comment within the daily notes of any action taken. The registered manager acknowledged the shortfalls in the documentation and agreed to review all patients care plans regarding pressure area care and dietary requirements and to review the identified patients care plan regarding mobility. The registered manager also agreed to have a meeting with the registered nurses to ensure they document accurately the daily events within patients care records. This was identified as an area for improvement.

We observed the use of fall out mats in multiple patient bedrooms and identified that there was no record of a consultation with the patient, the patient's representative or the commissioning trust. We further identified that there was no care plan for the use of this type of intervention. The registered manager agreed to review all patients care plans regarding the use of fall out mats and ensure that consultation records are completed for all patients as necessary. This was identified as an area for improvement.

We observed the serving of the lunchtime meal and can confirm that the meal service was well managed and a pleasurable experience for the patients. The dining room was presented with condiments and drinking glasses at each table. Lunch commenced at 12.15 hours. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately. A staff nurse was overseeing the mealtime and was observed to encourage patients with their meals in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors as required. A range of drinks were offered to patients and they appeared to enjoy the mealtime experience. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. The menu was on display within the dining room and offered a choice of two main meals.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other health care professionals. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between patients, staff and other key stakeholders.

Areas for improvement

The following areas were identified for improvement in relation to record keeping and the management of fall out mats.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 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.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect and staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"Our heartfelt thanks to you all for your attentive care"

"Thank you for all the care and support"

Consultation with 18 patients individually, and with others in small groups, confirmed that living in Gortacharn was a positive experience.

Patient comments:

- "The staff are fantastic"
- "I'm getting well looked after"
- "They are very good here"
- "I feel safe"
- "Staff are very attentive"
- "Can't expect any better"

Representative's comments:

- "Staff are very good"
- "This is a great place"

We also sought relatives' opinion on staffing via questionnaires. Two questionnaires were returned from patient representatives. The respondents were very satisfied with the service provision across all four domains.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Patients' bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. A variety of methods were used to promote orientation, for example, appropriate signage, photographs and the provision of clocks and prompts for the date. Patients and staff spoken with were complimentary in respect of the home's environment whilst acknowledging that there were further improvements to be made.

Discussion with patients and staff and review of the activity programme evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The patients appeared to enjoy the interaction between the staff and each other.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the registered manager's hours were recorded; however it was unclear as to the capacity in which these were worked. The registered manager was asked to clearly differentiate office hours with hours worked as a nurse and to include the full names of all staff. This was discussed with the registered manager and identified as an area for improvement.

Discussion with staff/patients/representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the registered manager.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

A number of governance audits were reviewed which were completed on a monthly basis by the registered manager and/or deputy manager. Accident/incident audits were completed which provided an action plan when deficits were identified, however, as previously discussed in 6.3, neurological observations were not documented following an unwitnessed fall. Care record audits were also completed on a monthly basis but did not capture some of the issues identified during inspection and there were no audits carried out on the environment which may have identified some of the deficits that were acknowledged during the inspection. This was discussed with the registered manager and identified as an area for improvement.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual and copies of the report were available for patients, their representatives, staff and trust representatives. However, the report for April 2019 was not completed. On review of the reports for March and May 2019 it was evident that they were not robust in capturing the issues that were identified during the inspection which have been discussed throughout this report. This was discussed with the registered manager and responsible individual and an area for improvement was identified.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints and incidents and maintaining good working relationships.

Areas for improvement

The following areas were identified for improvement in relation to the staffing rota, governance of quality assurance audits and the monthly monitoring visit reports.

	Regulations	Standards
Total number of areas for improvement	1	2

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 21</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<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. This is particularly relevant to documentary evidence of pre-employment vetting by Access NI and registration with an appropriate professional regulatory body where necessary.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: New employees are recruited in accordance with best practice. An Access NI check is carried out prior to commencing employment and evidence of this kept on hard copy.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>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.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Unwitnessed falls are managed in line with best practice. Nursing staff are aware that following an unwitnessed fall, neurological observations must be obtained and maintained for the appropriate period.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: All of the identified environmental and infection prevention and control issues identified during the inspection have been addressed.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2) (a) (b) and (c)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that cleaning chemicals are suitably labelled and stored in accordance with COSHH regulations.</p> <p>Ref: 6.3</p>

<p>To be completed by: With immediate effect</p>	<p>Response by registered person detailing the actions taken: A new cleaning and dosage monitoring system has been introduced. All cleaning chemicals are suitably labelled and stored in accordance with COSHH regulations.</p>
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<p>Area for improvement 5</p> <p>Ref: Regulation 13 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 4 July 2019</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"> • action taken should be documented within daily records when set fluid targets have not been maintained • 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 • 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 • ensure that the settings on pressure relieving mattresses are maintained at the correct setting and included in the patients care plan. <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Nursing care will continue to be delivered in accordance with the assessed needs of the individual patient. Recommendations of healthcare professionals are taken into account and reflected in individual records.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: 4 July 2019</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 provided are to be met and the action taken if they are not.</p> <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken: A detailed, unannounced inspection of the Nursing Home is carried out on a monthly basis by the Registered Provider. This is in accordance with regulation 29.</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 18</p> <p>Stated: First time</p> <p>To be completed by:</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"> • 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

4 July 2019	<p>practice being implemented is necessary and proportionate.</p> <ul style="list-style-type: none"> • a care plan is implemented detailing the intervention which is reviewed monthly or more often if deemed necessary <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Where it has been decided that a fall out mattress is to be used in order to maintain a safe environment, consultation has taken place and consent gained from the patient and/ or their family/ next of kin, and their care manager.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Staff rotas include the first and surname of each member of staff. The hours worked by the registered manager are specified as management or nursing duties.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 4 July 2019</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> <ol style="list-style-type: none"> 1. commence environmental audits which must be sufficiently robust to identify any poor practice and drive and sustain hygiene standards. 2. ensure that audits where deficits are identified have a clear action plan with time frames and the name/title of the person responsible to address the deficits. <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Environmental Audits are carried out by the Registered Manager on a monthly basis to effectively monitor and report on the safe delivery of care in the home.</p>

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



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