



The Regulation and  
Quality Improvement  
Authority

## **Unannounced Secondary Care Inspection**

**Name of Establishment:** Gortacharn  
**Establishment ID No:** 1200  
**Date of Inspection:** Friday 01 August 2014  
**Inspector's Name:** Teresa Ryan  
**Inspection No:** 17232

**The Regulation And Quality Improvement Authority**  
**Hilltop, Tyrone & Fermanagh Hospital, Omagh BT79 0NS**  
**Tel: 028 8224 5828 Fax: 028 8225 2544**

**General Information**

<b>Name of Home:</b>	Gortacharn
<b>Address:</b>	Brookeborough Road Lisnaskea BT92 0LB
<b>Telephone Number:</b>	028 6772 1030
<b>E mail Address:</b>	gortacharn@btconnect.com
<b>Registered Organisation/ Registered Provider:</b>	Mr Richard James & Mrs Robena Heather Trimble
<b>Registered Manager:</b>	M/s Jill Trimble, Acting Manager
<b>Person in Charge of the home at the time of Inspection:</b>	M/s Jill Trimble
<b>Categories of Care:</b>	NH-I, NH-PH, NH-PH(E), NH-TI, NH-LD, RC-I, RC-PH, RC-LD(E)
<b>Number of Registered Places:</b>	55 - 37 Nursing - I + PH, PH(E), NH - TI 3 Nursing - LD 1 Residential - LD(E) 14 Residential RC - I + PH
<b>Number of Patients and Residents Accommodated on Day of Inspection:</b>	40 Patients 15 Residents
<b>Scale of Charges (per week):</b>	£581- Nursing £461 - Residential
<b>Date and type of previous inspection:</b>	Tuesday 12 November 2013 Primary Announced
<b>Date and time of inspection:</b>	Friday 01 August 2014. 09.00 hours – 14.15 hours
<b>Name of Inspector:</b>	Mrs Teresa Ryan

## 1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an unannounced inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

### 1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

### 1.2 Method/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the registered provider
- Discussion with the acting manager
- Discussion with staff
- Discussion with patients and residents individually and with others in groups
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of the minutes of staff meetings
- Review of a sample of patients'/residents' care records
- Review of a sample of reports of unannounced visits undertaken under regulation 29
- Observation during a tour of the premises
- Evaluation and feedback

### **1.3 Inspection Focus**

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

#### **STANDARD 19 - CONTINENCE MANAGEMENT**

**Patients receive individual continence management and support.**

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 2.0 Profile of Service

Gortacharn is a purpose built facility situated in its own grounds, a short distance from the centre of Lisnaskea village in Co. Fermanagh. The home is owned by Mr and Mrs Trimble, Registered Providers. The home is currently managed by M/s Jill Trimble, Acting Manager.

Accommodation is on the ground floor and comprises of 55 single bedrooms, a number with en-suite facilities. There is a range of toilets, bath and shower facilities, communal lounges and dining areas.

The grounds around the home are landscaped and seating areas are provided for patients, residents and their visitors use.

There is adequate car parking facilities at the side and back of the home.

The home provides accommodation for up to 40 patients and 15 residents.

The home is registered to provide care in the following categories;

Nursing - I Old age not falling within any other category

Nursing - PH Physical disability other than sensory impairment

Nursing - PH (E) Physical disability other than sensory impairment - over 65 years

Nursing - TI Terminally ill

Nursing - LD Learning Disability

Residential - I Old age not falling within any other category

Residential - PH Physical disability other than sensory impairment

Residential - LD (E) Learning disability - over 65 years

## 3.0 Summary

This summary provides an overview of the service during a secondary unannounced inspection to Gortacharn Private Nursing Home. The inspection was undertaken by Teresa Ryan on the 01 August 2014 and commenced at 09.00 hours and concluded at 14.15 hours.

The main focus of the inspection was to examine Standard 19 of the DHSSPS Nursing Homes Minimum Standards -.

### **STANDARD 19 - CONTINENCE MANAGEMENT**

#### **Patients receive individual continence management and support.**

The inspector examined the four criteria of the standard to check the home's level of compliance with the standard.

The requirements and recommendations made as a result of the previous inspection were also examined. The two requirements and three recommendations were fully addressed. Details can be viewed in the section following this summary.

During the course of the inspection the inspector met with a number of patients and residents individually and with others in groups. The inspector also met with the staff on duty.

The inspector observed care practices, examined a selection of records and undertook an inspection of a number of areas throughout the home.

M/s Jill Trimble, Acting Manager was in charge of the home throughout the inspection. M/s Trimble is not registered with the RQIA and will therefore be referred to in the report as the manager. Mrs Robena Heather Trimble, Registered Provider was available in the home for part of the inspection. Feedback was provided at the conclusion of the inspection to the registered provider and manager.

### **Continence Management**

Discussion with the manager, a number of staff, patients, residents and review of four patients' and one resident's care records revealed that continence care was well managed in the home. Staff were trained in continence care on induction and 45 staff were trained in October 2013. However areas for improvement are identified.

A recommendation is made that a continence link nurse be nominated in the home. A recommendation is also made that regular audits of the management of patients and residents who are incontinent be undertaken and the findings acted upon to enhance already good standards of care. A recommendation is made that information on the promotion of continence be available in an accessible format for patients, residents and their representatives.

**The inspector can confirm that based on the evidence reviewed, presented and observed; that the level of compliance with this standard was assessed substantially compliant.**

### **Additional Areas Examined**

#### **Staffing/Staff Comments**

On the day of inspection the registered nursing and care staff, staffing levels for day and night duty were in accordance with the RQIA's recommended minimum staffing guidelines for the number of patients and residents currently in the home. However, a requirement is made in regard to shortfalls in registered nursing staffing levels from 08.00 hours to 14.00 hours. (See Section 6, point 6.3, Additional areas examined)

Administrative and ancillary staffing levels were found to be satisfactory.

A recommendation is made in regard to the use of correction fluid on staff duty rosters.

During the inspection the inspector spoke to a number of staff. The inspector was able to speak to a number of these staff individually and in private. Examples of staff comments were as follows;

"I am very happy working in the home except we need an additional registered nurse in the mornings"

"This is a good home we work well as a team"

"The patients and residents are well cared for".

## **Patients' /Residents' Comments**

The inspector spoke to a number of patients and residents individually and to others in groups. Examples of patients' and residents' comments were as follows:

"The home is clean and tidy"

"I am taken to the toilet on a regular basis"

"The staff are very kind and this is a very good home"

"My room is always kept clean and I am happy with everything"

"I am well cared for and my personal hygiene is well attended to".

## **Safe Use of Wheelchairs**

A requirement is made in regard to the safe use of wheelchairs.

## **Conclusion**

Patients and residents were observed to be treated with dignity and respect and the home was well maintained.

Two requirements and four recommendations are made as result of this inspection. These requirements and recommendations are addressed in the quality improvement plan (QIP).

The inspector would like to thank the patients, residents, registered provider, manager and staff for their assistance and co-operation throughout the inspection.



#### 4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	17 (1)	<p>The registered person shall introduce and ensure systems are maintained for reviewing at appropriate intervals the quality of nursing and other service provision in or for the purposes of the nursing home and that any such review is undertaken not less than annually.</p> <p>(A report on this review should be drawn up and a copy held in the home).</p>	An annual quality review report had been drawn up and a copy of this report was available in the home.	Compliant
2	20 (1) ( c ) ( i )	Staff as appropriate are required to be trained in record keeping.	Review of the staff training records revealed that 11 registered nurses and 10 senior care assistants were trained in record keeping in January and February 2014.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	25.12	It is recommended that the policy on unannounced visits undertaken in the home under Regulation 29 be reviewed to address The Nursing and Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes Minimum Standards (2011).	Review of this policy revealed that this policy had been reviewed to address this recommendation.	Compliant
2	25.12	<p>It is recommended that additional details in regard to the following be included in reports of unannounced visits to the home under Regulation 29:</p> <ul style="list-style-type: none"> <li>• the number and grades of staff on duty at the time of visits</li> <li>• the outcome of audits undertaken in the home</li> <li>• compliance with requirements and recommendations made in reports of inspections undertaken by the RQIA and other relevant bodies</li> <li>• Nursing initiatives undertaken or to be undertaken in the home.</li> </ul>	Review of a sample of reports of unannounced visits undertaken under Regulation 29 revealed that all elements of this recommendation were being addressed.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
3	25.12	It is recommended that details contained in reports of unannounced visits to the home undertaken under Regulation 29 be discussed with staff during staff meetings/forums.	Review of a sample of the minutes of staff meetings revealed that reports of these visits were being discussed with staff.	Compliant

<b>STANDARD 19 - CONTINENCE MANAGEMENT</b> <b>Patients receive individual continence management and support.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.</p>	
<b>Inspection Findings:</b>	
<p>Review of four patients' care records revealed that bladder and bowel continence assessments were undertaken for these patients. The outcome of these assessments, including the type of continence products to be used, were incorporated into the patients' care plans on continence care. Bladder and bowel assessments were undertaken by the community nursing team (WHSCT) for the residents in the residential unit. The community nursing team informed the staff in the residential unit the outcome of these assessments including the type of continence products to be used. Review of one resident's care records revealed that information provided by the community nursing team was addressed in this resident's care plan on continence care. The bladder and bowel assessments and the care plans on continence care were reviewed and updated on a monthly or more often basis as deemed appropriate. The promotion of continence, skin care, fluid requirements and patients' and the resident's dignity were addressed in the care plans inspected. Urinalysis was undertaken and patients and residents were referred to their GPs as appropriate. Review of the five care records revealed that there was written evidence held of patient/resident and their relatives' involvement in developing and agreeing care plans. The care plans reviewed addressed the patients' and the resident's assessed needs in regard to continence management. The evidence provided during inspection revealed that the continence specialist nurse for the WHSCT visited the home to provide advice and guidance to staff.</p> <p>Discussion with staff and observation during the inspection revealed that there were adequate stocks of continence products available in the nursing unit. The community nursing team for the WHSCT provide the continence products recommended to be used for the residents in the residential unit. Discussion with residential staff and observation during the inspection in the residential unit also revealed adequate stocks of continence products.</p>	<p>Compliant</p>

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.</p>	
<b>Inspection Findings:</b>	
<p>The inspector can confirm that the following policies and procedures were in place;</p> <ul style="list-style-type: none"> <li>• continence management / incontinence management</li> <li>• stoma care</li> <li>• catheter care</li> </ul> <p>The inspector can also confirm that the following guideline documents were in place;</p> <ul style="list-style-type: none"> <li>• British Geriatrics Society Continence Care in Residential and Nursing Homes</li> <li>• NICE Guidelines Urinary Incontinence</li> <li>• Nice Guidelines Faecal incontinence</li> </ul> <p>Discussion with staff revealed that they had an awareness of these policies, procedures and guidelines. One male patient and one male resident had indwelling urethral catheters in place and one patient had a stoma. Review of these patients' care plans revealed that catheter and stoma care was addressed and reviewed on a monthly or more often basis as required.</p>	<p>Compliant</p>

<b>STANDARD 19 - CONTINENCE MANAGEMENT</b> <b>Patients receive individual continence management and support.</b>	
<b>Criterion Assessed:</b> 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Discussion with the manager revealed that there was no information on the promotion of continence available in the home for patients and residents. A recommendation is made that this be addressed.	Not compliant
<b>Criterion Assessed:</b> 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Discussion with the manager and review of the staff training records revealed that 45 staff were trained in continence care in October 2013. Staff were also trained in continence care during their induction training. Discussion with the manager revealed that all the registered nurses in the home were deemed competent in female catheterisation and the management of stoma appliances. The manager informed the inspector that two registered nurses had been trained and deemed competent in male catheterisation. A continence link nurse was not nominated in the home and a recommendation is made that this be addressed. This nurse should be involved in the review of continence management in the home and education programmes for staff. A recommendation is also made that regular audits of the management of patients and residents who are incontinent be undertaken and the findings acted upon to enhance already good standards of care.	Substantially compliant
<b>Inspector's overall assessment of the nursing home's compliance level against the standard assessed</b>	<b>Substantially compliant</b>

## 6.0 Additional Areas Examined

### 6.1 Care Practices

During the inspection the staff were noted to treat the patients and residents with dignity and respect. Good relationships were evident between patients, residents and staff.

Patients and residents were well presented with their clothing suitable for the season.

Staff were observed to respond to patients' and residents' requests promptly.

The demeanour of patients and residents indicated that they were relaxed in their surroundings.

### 6.2 Patients' and Residents' Comments

During the inspection the inspector spoke to 10 patients and residents individually and to others in groups. These patients and residents expressed high levels of satisfaction with the standard of care, facilities and services provided in the home. A number of patients and residents were unable to express their views verbally. These patients and residents indicated by positive gestures that they were happy living in the home. Examples of patients' and residents' comments were as follows:

"I am very happy with everything here"

"Food is very good"

"The staff are all very kind and my call bell is answered promptly"

"The home is clean and tidy"

"I am taken to the toilet on a regular basis"

"The staff are very kind and this is a very good home"

"My room is always kept clean and I am happy with everything"

"I am well cared for and my personal hygiene is well attended to".

### 6.3 Staffing/Staff Comments

On the day of inspection the number of registered nurses and care staff rostered on duty were in line with the RQIA's recommended minimum staffing guidelines for the number of patients and residents currently in the home. However, review of the staff duty rosters from 02 July 2014 to 31 July 2014 revealed that the number of staff on duty was in line with RQIA's recommended minimum staffing guidelines. However, the skill mix of 35 % qualified staff was not being achieved. There was a shortfall of a registered nurse from 08.00 hours to 14.00 hours on 20 occasions during this period. A requirement is made in regard to these shortfalls.

The registered nursing staffing levels were discussed at length with the registered provider and the manager. The manager informed the inspector that a registered nurse was due to return to work from special leave on 11 August 2014 and one registered nurse was employed as a member of care staff until receipt of satisfactory pre-employment checks. The manager informed the inspector that arrangements were in place for two registered nurses to increase their part time hours. Review of a sample of staff duty rosters revealed that correction fluid was used on a number of occasions on these rosters and a recommendation is made that this practice cease.

During the inspection the inspector spoke to 19 staff. The inspector was able to speak to a number of these staff individually and in private. Examples of staff comments were as follows;

“I am very happy working in the home except we need an additional registered nurse in the mornings”

“This is a good home we work well as a team”

“The patients and residents are well cared for”

“I am happy working in the home, we always have sufficient continence products for the patients and residents use”

“The care staff, staffing levels are good except when staff report sick at short notice”.

“The training in the home is good”.

#### **6.4 Safe Use of Wheelchairs**

During the inspection the inspector observed that a number of patients were being transported in wheelchairs with no foot rests. The inspector also observed that staff did not use the wheelchair belts when wheelchairs were in use. As this practice compromises the patient's safety, a requirement is made that this practice cease with immediate effect.

#### **6.5 Environment**

The inspector undertook a tour of the premises and viewed the majority of the patients' and residents' bedrooms, sitting areas, dining rooms, laundry, kitchen, bathroom, shower and toilet facilities. The home was found to be clean warm and comfortable.



## **Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Robena Heather Trimble, Registered Provider and M/s Jill Trimble, Acting Manager as part of the inspection process.

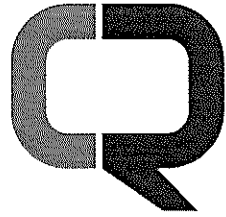
The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Teresa Ryan  
The Regulation and Quality Improvement Authority  
Hilltop  
Tyrone & Fermanagh Hospital  
Omagh  
BT79 0NS**



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## Quality Improvement Plan

### Secondary Unannounced Care Inspection

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The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Robena Trimble, Registered Provider and M/s Jill Trimble, Acting Manager during the inspection feedback.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**Statutory Requirements**

**This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005**

No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	20 (1)(a)	<p>The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients, ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients.</p> <p>Ref. Section 6, point 6.3 (Additional areas examined).</p>	One	<p>We are continuing to address the ongoing problem in the shortfall of registered staff nurses. We have recruited a new staff nurse who is awaiting her pin and have been able to recruit some new relief staff to help in the interim period. However, this problem is ongoing due to the difficulty in recruiting registered staff nurses.</p>	One week
2	14 (2)(c)	<p>The registered person shall ensure as far as reasonably practicable that unnecessary risks to the health or safety of patients are identified and so far as possible eliminated.</p> <p>Ref. Section 6, point 6.4 (Additional areas examined).</p>	One	<p>All wheelchairs have been checked to ensure foot rests and lap belts are in place. All staff have been reminded of the importance of securing the lap belt correctly and using foot pedals at all times.</p>	One week

<b>Recommendations</b>					
These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	19.4	It is recommended that a continence link nurse be nominated in the home.  Ref 19.4	One	A continence link nurse has been nominated in the home.	One week
2	19.4	It is recommended that regular audits of the management of patients and residents who are incontinent be undertaken and the findings acted upon to enhance already good standards of care.  Ref.19.4	One	Monthly audits will take place of the management of residents who are incontinent. The findings will be acted on to enhance high standards of care.	One Month
3	19.3	It is recommended that information on the promotion of continence be available in an accessible format for patients and residents.  Ref.19.3	One	An information leaflet on the promotion of continence is available to all patients and residents within the home.	One Month
4	6.3	It is recommended that the practice of using correction fluid on staff duty rosters cease.  Ref.	One	The use of correction fluid on staff duty rosters has ceased.	From the date of inspection.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>Name of Registered Manager Completing QIP</b>	Miss Jill Trimble
<b>Name of Responsible Person / Identified Responsible Person Approving QIP</b>	Mrs Robena Trimble

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	<i>yes</i>	<i>ashy</i>	<i>18/05/14</i>
Further information requested from provider			