



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of Establishment: Garvagh Care Home
Establishment ID No: 1412
Date of Inspection: 13 May 2014
Inspector's Name: Bridget Dougan
Inspection ID 17063

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

1.0 General Information

Name of Home:	Garvagh Care Home
Address:	15 Kilrea Road Garvagh Coleraine BT51 5LP
Telephone Number:	028 29557330
E mail Address:	garvagh@fshc.co.uk
Registered Organisation/ Registered Provider:	Four Seasons Health Care
Registered Manager:	Mrs Elaine Allen
Person in Charge of the Home at the Time of Inspection:	Mr John Coyle (Peripatetic Manager)
Categories of Care:	NH-DE, NH-I, NH-PH
Number of Registered Places:	67
Number of Patients Accommodated on Day of Inspection:	55 patients/residents
Scale of Charges (per week):	£537 - £631
Date and Type of Previous Inspection:	29 October 2013: Secondary Unannounced
Date and Time of Inspection:	13 May 2014: 12.30 hours – 17.00 hours
Name of Inspector:	Bridget Dougan

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 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 METHODS/PROCESS

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

- Discussion with the peripatetic manager
- Discussion with staff
- Discussion with patients/residents individually and to 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 care plans
- Review of the complaints, accidents and incidents records
- Evaluation and feedback
- Observation during a tour of the premises.

1.0 Inspection Focus

The inspection sought to follow up on issues identified at the previous inspection of 29 October 2013.

2.0 Profile of Service

Garvagh Care Home is a purpose built nursing home situated in its own grounds on the outskirts of Garvagh. It is operated by Four Seasons Health Care Ltd and is located within easy reach of shops, other amenities and public transport.

It was first registered on 02 September 1996 to accommodate not more than 67 persons requiring nursing care.

In addition to the general nursing unit, the home has a 24 bedded dementia nursing unit and an 18 bedded residential dementia unit. All bedroom accommodation is in single rooms, some with en suite facilities. There are a variety of lounges, day areas, dining rooms and bath/shower facilities.

Catering and laundry services are provided on site.

The home is registered to provide care under the following categories:

Nursing Care

I	Old age not falling into any other category
PH	Physical disability other than sensory impairment
LD	Learning disability (maximum of one patient)
DE	Dementia care (maximum of 24 patients)

Residential Care

DE	Dementia care (maximum of 18 residents)
----	---

3.0 Summary

An unannounced secondary inspection of Garvagh Care Home was undertaken by the inspector for the home, Bridget Dougan on 13 May 2014 from 12.30 hours to 17.00 hours.

The registered manager was on leave at the time of the inspection. The inspection was facilitated by Mr John Coyle, Peripatetic Manager, Four Seasons Health Care, who was available throughout the inspection and was joined for feedback at the conclusion of the inspection by Mrs Louisa Rea, Regional Manager.

The inspector carried out a general inspection of the nursing home to assess the environment, delivery of care and to seek the views of patients/residents and staff in relation to the quality of care and services provided.

Four requirements and two recommendations made as a result of the previous inspection were reviewed and the outcomes of the action taken can be viewed in the section following this summary. The home was assessed as compliant with three requirements and two recommendations. One requirement was assessed as moving towards compliance and will be stated for the second time in this report.

The inspector spoke with the majority of patients/residents, though not all were able to express their views due to their condition and frailty. The patients/residents consulted stated that they were well looked after and were content living in the home.

Staffing levels

Staffing levels were in keeping with the minimum levels identified in RQIA Staffing Guidance for Nursing Homes (2009).

Staff training and development

Inspection of training records confirmed that mandatory training had been completed by the majority of staff via e learning modules with further training planned for 2014. Individual supervisions had been completed with staff between September 2013 and March 2014 with a planner in place for the remainder of 2014. The peripatetic manager confirmed that annual appraisal meetings had not yet taken place, however these had been planned for later in 2014. A requirement made at the previous inspection with regard to staff appraisal will be stated for the second time.

Care Practices

The inspector observed the interactions between staff and patients/residents throughout the home which were seen to be respectful and considerate of the patient/residents abilities and well-being.

Care Records

The inspector reviewed the care records of six patients/residents and can confirm that records were well maintained with evidence of regular audits having been completed.

Accidents/Incidents

The Inspector reviewed a number of randomly selected accident/incident records which were found to be well maintained. Accidents are reviewed on a monthly basis to establish trends.

Complaints

Inspection of complaints records confirmed that complaints were fully investigated and copies of these investigations were held in the home.

Annual Quality Report

The inspector examined the annual quality review report for 2013. Feedback provided from patients/residents and/or their representative was very positive with an action plan in place for any areas requiring improvement. The report was available in the foyer of the home for patients/residents and relatives to view if they wished.

Conclusion

One requirement has been stated for the second time as a result of this inspection.

The inspector wishes to thank the peripatetic manager, patients/residents and staff for their helpful discussions, assistance and hospitality 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 (2)	The registered person shall supply to the RQIA a report in respect of any review conducted by him for the purpose of paragraph (1) and made a copy of the report available to patients.	The inspector examined the annual quality review report for 2013. Feedback provided from patients/residents and/or their representative was very positive. An action plan had been developed for any areas requiring improvement and actions had been completed. The report was available in the foyer of the home for patients/residents and relatives to view if they wished.	Compliant
2	20 (1) (c) (i)	<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 –</p> <p>Ensure that the persons employed by the registered person to work at the nursing home receive appraisal, mandatory training and other training appropriate to the work they are to perform.</p>	Discussion with the peripatetic manager and review of training records confirmed that mandatory training had been completed by the majority of staff via e learning modules with further training planned for 2014. Individual supervisions had been completed with staff between September 2013 and March 2014 with a planner in place for the remainder of 2014. The peripatetic manager confirmed that annual appraisal meetings had not yet taken place, however these had been planned for later in 2014.	Moving towards compliance
3	16 (2) (b)	The registered person shall ensure that the patients risk assessments and care plans are kept under review.	Review of a sample of six patients/residents care records evidenced that this requirement has been met.	Compliant
4	13 (3)	The registered person shall,	The regional manager informed the inspector	Compliant

		<p>for the purpose of providing nursing to patients, and making proper provision for their health and welfare, so far as practicable, ascertain and take into account their wishes and feelings.</p>	<p>that plans had been drawn up for an outside smoking shelter. These plans were forwarded to RQIA for review by the estates inspector.</p>	
--	--	--	---	--

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	29.4	The registered manager must ensure that all staff have recorded individual, formal supervision according to the home's procedures, and no less than every six months for staff who are performing satisfactorily. More frequent recorded supervision is held for new staff and staff who are not performing satisfactorily.	Discussion with the peripatetic manager and review of supervision records evidenced that this recommendation had been met.	Compliant
2	5.6	The registered manager must ensure that contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient. These records include outcomes for patients.	Review of a sample of six patients/residents care records evidenced that this recommendation has been met.	Compliant

5.0 Additional Areas Examined

5.1 Complaints

Review of the complaints record on the day of inspection confirmed that complaints were fully investigated and copies of these investigations were held in the home.

5.2 Incident/accident records

The inspector reviewed a number of randomly selected incident/accident records which were found to be maintained appropriately.

5.3 Environment

The Inspector undertook an inspection of the home and examined a number of patient/resident's bedrooms, lounges, bathrooms/toilets and the dining rooms. The home was found to be clean, tidy and free from mal odours.

5.4 Staffing

Review of duty rotas for the week of the inspection and the two previous weeks evidenced that staffing levels met RQIA's recommended minimum staffing guidelines.

5.5 Care practices

The inspector observed the interactions between staff and patients/residents throughout the home which were seen to be respectful and considerate of the patients/residents abilities and well-being. There was a relaxed and homely atmosphere and evidence of good relationships amongst patients/residents and staff.

5.6 Patient/resident views

The inspector spoke with the majority of patients/residents. All those patients/residents who were able to express an opinion of the care and services provided stated that they were well looked after and were content living in the home.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Louisa Rea, Regional Manager and Mr John Coyle Peripatetic Manager, Four Seasons Health Care, 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:

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



Quality Improvement Plan

Unannounced Secondary Inspection

Garvagh Care Home

13 May 2014

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 Mr John Coyle, Peripatetic Manager and Mrs Louisa Rea, Regional Manager Four Seasons Health Care, either during or after the inspection visit.

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

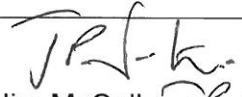

No.	Regulation Reference	Requirement	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	20 (1) (c) (i)	<p>The registered person shall having regard to the size of the nursing home, the statement of purpose and the number and needs of patients –</p> <p>Ensure that the persons employed by the registered person to work at the nursing home receive appraisal, mandatory training and other training appropriate to the work they are to perform.</p> <p>Reference: Section 4 - Follow up on previous issues</p>	Two	<p>A schedule of planned appraisals for staff has been developed, and these are ongoing.</p> <p>Staff complete mandatory training via e-learning modules and face to face training.</p> <p>Additional training needs when identified are forwarded to training department who deliver on-site training and support to the home.</p>	Within one month from receipt of this report

Recommendations

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
		No recommendations were made as a result of this 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:

Name of Registered Manager Completing Qip	Elaine Allen
Name of Responsible Person / Identified Responsible Person Approving Qip	 Jim McCall  DIRECTOR OF OPERATIONS 28/7/14.

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable			
Further information requested from provider			

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Bridget Dougan	15 August 2014
Further information requested from provider			