

Unannounced Care Inspection Report

3 December 2020



Galgorm

Type of Service: Nursing Home
Address: 90 Galgorm Road, Ballymena, BT42 1AA
Tel No: 028 2565 1365
Inspector: Mandy Ellis

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 nursing home registered to provide nursing care for up to 35 persons.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual(s): Maureen Claire Royston	Registered Manager and date registered: Lisa McDonald 16 January 2015
Person in charge at the time of inspection: Glenda Gabreza – registered nurse	Number of registered places: 35
Categories of care: Nursing Home –NH I -Old age not falling into any other category 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: 29

4.0 Inspection summary

An unannounced inspection took place on 3 December 2020 from 09.35 to 16.50.

Due to the coronavirus (Covid-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection assessed progress with any areas for improvement identified 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.

The following areas were examined during the inspection:

- staffing arrangements
- Personal Protective Equipment (PPE)
- Infection Prevention and Control (IPC)
- environment
- care delivery
- governance and management arrangements

The findings of this report will provide Galgorm 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	1	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Lisa McDonald, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with nine patients and nine staff. Questionnaires were also left in the home to obtain feedback from patients and their relatives/representatives. Ten questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

We provided the manager with 'Tell us cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. No completed questionnaires or responses to the staff survey were returned within the indicated timeframe.

The following records were examined during the inspection:

- the duty rota from 23 November 2020 to 6 December 2020
- the home's registration certificate
- three patients' care records
- seven patients' supplementary care charts in regard to repositioning
- seven patients' supplementary care charts in regard to food and fluid intake
- four patients' property inventories
- the fire risk assessment
- two staff recruitment files
- a sample of governance audits/records
- a sample of monthly monitoring reports

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced finance inspection undertaken on 4 November 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) (a)(b) Stated: First time To be completed by: With immediate effect	The registered person shall ensure the following in relation to the provision of wound care for all patients: <ul style="list-style-type: none"> • care plans are in place which accurately describe the assessed needs of patients • nursing staff shall record all wound care interventions in an accurate, thorough and consistent manner in compliance with legislative and best practice standards • nursing staff provide wound care to patients in keeping with prescribed care and/or multi-professional recommendations • care plans relating to wound care are archived in a timely manner when no longer required 	Met
	Action taken as confirmed during the inspection: Review of two patient wound care records evidenced accurate and consistent dressing regimes. Dressings were renewed as prescribed. Wound care plans were up to date and detailed. Body maps and photographs of the wounds were evident in the records reviewed.	

Areas for improvement from the last finance inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 3 Ref: Standard 14.26 Stated: First time	The registered person shall ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.	Met
	Action taken as confirmed during the inspection: A review of four patient inventory records evidenced a record of patient property. The property list is reviewed three monthly. The records reviewed were signed by the staff member undertaking the reconciliation and countersigned by another senior staff member.	

6.2 Inspection findings

6.2.1 Staffing arrangements

On arrival to the home we were greeted by staff who were friendly and welcoming. There was a relaxed and pleasant atmosphere throughout the home. We were advised that staff had a temperature and symptom check upon arrival to work; a record of this was maintained. It was encouraging to note that the inspector was also required to undergo a temperature and symptom check upon arrival to the home.

On the day of the inspection we observed that staffing levels were satisfactory and patients' needs were being met in a prompt and timely manner. The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of patients were met. We reviewed the duty rotas for the period 23 November 2020 to 6 December 2020. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to.

Staff spoken with told us that there was a good sense of teamwork in the home and that they enjoyed coming to work. They also told us that they felt supported by the manager.

Comments made by staff included:

- "Teamwork is good."
- "I love it here."
- "This is a good home."
- "I enjoy work."

6.2.2 Personal protective equipment

Signage had been put up at the entrance to the home to reflect the current guidance on Covid-19. We observed that PPE was readily available; a PPE station had been set up in the lobby enabling anyone entering to carry out hand hygiene and put on the recommended PPE. The manager told us that the home had sufficient PPE supplies available. PPE stations were found to be well stocked throughout the home. Staff were observed using PPE appropriately.

6.2.3 Infection prevention and control and the environment

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms, sluice rooms and storage areas.

We found corridors and fire exits to be clear and unobstructed and the home was clean, tidy and fresh smelling throughout.

The patients' bedrooms which were viewed appeared clean, warm and had been personalised with items that were meaningful to individual patients.

Measures had been put in place to maintain social distancing for patients where possible. Seating in the lounge and dining rooms had been arranged in such a way as to allow adequate social distancing.

6.2.4 Care delivery

Patients looked well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. Staff were seen to treat patients with respect and to talk to them in a friendly and pleasant manner. Patients spoken with commented positively about the care they received; they told us:

- "The staff are very good."
- "This is home from home."
- "It's fine in here."
- "I like it here."
- "I am well looked after."

On the day of inspection we observed some patients taking part in a zoom exercise class with the local leisure centre and primary school. The patients appeared to enjoy the experience. The activities co-ordinator shared with us some of the recent activities the home have been enjoying; these included door step bingo, fish and chip days, arts and crafts. The home is involved in intergenerational work with a local primary school and the patients have enjoyed receiving letters and Christmas cards from the children.

We observed the serving of the lunch time meal. We saw that staff attended to the patients' needs in a prompt, caring manner and that staff wore the appropriate PPE. The tables were set and condiments were available. Patients were offered a selection of drinks and the food served looked and smelt appetising.

Review of three patients' care records evidenced individualised, comprehensive care plans were in place to direct the care required and reflected the assessed needs of patients. Risk assessments reviewed were up to date and appropriate to the patients' needs.

Supplementary care records were reviewed in relation to food and fluid intake and repositioning. Seven supplementary care records in regard to patients' food and fluid intake were consistently recorded. There was evidence the home manager routinely signed the records to maintain a good level of oversight of this aspect of patient care.

Seven repositioning charts were reviewed. A review of the repositioning records evidenced consistent delivery of pressure relieving care to the patient. However, several charts did not have the correct type of mattress in use by the patient documented. A further review of the identified patients' bedrooms evidenced a difference again in the type of pressure relieving mattress that was in use on the patients' bed. Inconsistency was also observed in the correct mattress setting for the individual patients. An area for improvement was identified.

6.2.5 Governance and management arrangements

Following review of a sample of governance audits, it was evident that the manager maintained a good level of oversight in the home. Audits reviewed included hand hygiene, PPE compliance, wound care, restraint, equipment, dining, infection control and environmental audits. These audits included the development of action plans to address identified deficits as necessary.

A review of records evidenced that the monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005.

There was a system in place to monitor staff compliance with mandatory training and to indicate what training was due.

Two staff recruitment files were reviewed; these both evidenced that the appropriate pre-employment checks had been completed prior to the staff member commencing employment.

There was a system in place to monitor the registration status of nursing and care staff with their appropriate regulatory body on a regular basis. The records reviewed were up to date.

A review of the accident and incident records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies. However, a review of these records identified a number of accidents where RQIA were not notified. Patients' next of kin and the appropriate health and social care trust were informed of all accidents. This was identified as an area for improvement.

Areas of good practice

Areas of good practice were identified in relation to care delivery, the activities programme, wound care and staff interaction with patients.

Areas for improvement

Two new areas for improvement were identified in regard to pressure relieving mattresses and Regulation 30 notifications.

	Regulations	Standards
Total number of areas for improvement	1	1

6.3 Conclusion

On the day of the inspection we observed that patients appeared comfortable, and that staff treated them with kindness and compassion. Staff promptly responded to patients' individual needs.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Lisa McDonald, 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	
Area for improvement 1 Ref: Regulation 30(1) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that RQIA is appropriately notified of any accident in the home where medical advice is sought. Ref: 6.2.5 Response by registered person detailing the actions taken: Regulation 30 notifications revisited by Home Manager and reviewed with Registered Nurses to reinforce scope of notifiable events.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 4 Stated: First time To be completed by: With immediate effect	The registered person shall ensure the following in regard to those patients who are assessed as requiring a pressure relieving mattress: <ul style="list-style-type: none"> • The type of mattress in use must reflect the patients assessed need. • The mattress should be set correctly to meet the assessed need of the patient. • The type of mattress and correct setting must be documented correctly on the patients repositioning chart and care plan. Ref: 6.2.4 Response by registered person detailing the actions taken: All documentation has been reviewed and amended as necessary. Staff have received clinical supervision in relation to the safe use of pressure relieving equipment. FSHC mattress check form has been reimplemented for registered nurse use.

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



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