

**Unannounced Care Inspection
of
Galgorm**

20 April 2015

1. Summary of Inspection

An unannounced care inspection took place on 20 April 2015 from 10:30 to 13:00 hours. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

The focus of this inspection was continence management which was underpinned by selected criterion from DHSSPS Care Standards for Nursing Homes, April 2015:

Standard 4: Individualised Care and Support

Standard 6: Privacy, dignity and Personal Care

Standard 21: Health Care.

Standard 39: Staff training and development.

Overall, on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, one area for improvement was identified and is set out in the Quality Improvement Plan (QIP) within this report.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015. Recommendations made prior to April 2015, relate to DHSSPS Nursing Homes Minimum Standards, February 2008.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 13 June 2014.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with the registered manager, Lisa McDonald, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Four Seasons Health Care/ Dr Maureen Claire Royston	Registered Manager: Lisa McDonald
Person in Charge of the Home at the Time of Inspection: Lisa McDonald	Date Manager Registered: 26 January 2015
Categories of Care: NH-I, NH-PH, NH-PH(E) and NH-TI RC-I and RC-PH to a maximum of 8 places	Number of Registered Places: 35
Number of Patients Accommodated on Day of Inspection: Nursing 23 Residential 7	Weekly Tariff at Time of Inspection: £470 - £637

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if selected criteria from the following standards have been met:

Standard 4: Individualised Care and Support, criterion 4 and 8

Standard 6: Privacy, dignity and Personal Care, criterion 1,3,4,8 and 15

Standard 21: Health care, criterion 6, 7 and 11

Standard 39: Staff training and development, criterion 4

4. Methods/Process

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

- discussion with the registered manager
- discussion with patients
- discussion with staff
- review of care records
- observation during a tour of the premises
- evaluation and feedback.

Prior to inspection the following records were analysed:

- inspection report and QIP from the previous care inspection on 13 June 2104
- incident reports submitted in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005.

During the inspection, the inspector met with seven patients, four care staff, two support staff and one registered nurse.

The following records were examined during the inspection:

- complaints records
- safeguarding investigation reports
- three patient care records
- staff training records.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced medicines management inspection dated 14 October 2014. The completed QIP was returned and approved by the pharmacy inspector.

5.2 Review of Requirements and Recommendations from the last care inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 16 (2) (b)	The registered person shall ensure that- the patient's plan is kept under review. <ul style="list-style-type: none"> • Management of pressure area care plans should include the patient's Braden Scale risk status and detail planned nursing interventions to manage or reduce the risk as identified, the patients required pressure relieving equipment when in bed and sitting out of bed, as appropriate • Wound management care plans should clearly state the frequency of dressing change • Wound assessment should include an evidence based classification system • The effectiveness of analgesia should be regularly evaluated and recorded. 	Met
	Action taken as confirmed during the inspection: Review of a selection of care records evidenced that this requirement had been met.	

Requirement 2 Ref: Regulation 15 (2)	<p>The registered person shall ensure that the assessment of the patient's needs is</p> <ul style="list-style-type: none"> (a) kept under review: and (b) revised at any time when it is necessary to do so having regard to any changes of circumstances and in any case not less than annually. <ul style="list-style-type: none"> • Pain assessments must be utilised for any patient prescribed regular or occasional analgesia. 	Met
<p>Action taken as confirmed during the inspection:</p> <p>Review of a selection of care records evidenced that this requirement had been met.</p>		
Requirement 3 Ref: Regulation 30(1)(d)	<p>The registered person should notify RQIA of the incidence of pressure ulcers, grade 2 or above.</p>	Met
<p>Action taken as confirmed during the inspection:</p> <p>Review of incident reports submitted in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005 and discussion with the registered manager evidenced that this requirement had been met.</p>		

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 5.1	Specific validated assessment tools should be completed on the day of admission in order to establish the patient's current needs and baseline observations. The specific risk assessments to be completed on the day of admission to the home are outlined in the Provider's Guidance for Nursing Homes on RQIA's web site	Met
	Action taken as confirmed during the inspection: Review of a selection of care records evidenced that this recommendation had been met.	
Recommendation 2 Ref: Standard 5.2	A comprehensive holistic assessment must be undertaken and completed within 11 days of admission in order to accurately identify the patient's needs for which the home is required to meet.	Met
	Action taken as confirmed during the inspection: Review of a selection of care records evidenced that this recommendation had been met.	
Recommendation 3 Ref: Standard 12.13	The menu plan should be reviewed to include choices for snacks for all patients, those patients on therapeutic diets.	Met
	Action taken as confirmed during the inspection: Review of menu planners; discussion with patients and discussion with the catering manager evidenced that this recommendation was met.	

5.3 Continence management

Is Care Safe? (Quality of Life)

Policies and procedures were in place to guide staff regarding the management of continence.

A resource file on the management of continence/incontinence had been developed and was available for staff. The file included regional and national guidelines for the management of urinary catheters), constipation (RCN and NICE) and improving continence care (RCN).

Discussion with staff and the registered manager confirmed that staff had received training in 2014 relating to the management of urinary and bowel incontinence.

Staff were knowledgeable about the important aspects of continence care including the importance of dignity, privacy and respect as well as skincare, hydration and reporting of any concerns.

Discussion with staff confirmed that there were a number of registered nurses trained and assessed as competent in urinary catheterisation. The registered manager informed the inspector that there was support and training opportunities from the local health and social care trust, if staff required an update in their training of catheterisation and/or the management of stomas.

Observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.

Is Care Effective? (Quality of Management)

Review of four patients' care records evidenced that a continence assessment was in place for each patient. This assessment clearly identified the patient's individual continence needs. A care plan was in place to direct the care to adequately meet the needs of the patients. The specific type of continence pads the patient required was recorded in two of the care plans.

There was evidence in the patients' care records that assessments and continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate.

The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. The care plans included the patients' normal bowel patterns and made reference to the Bristol Stool Chart and the patients' normal stool type. This is good practice.

Urinalysis was undertaken as required and patients were referred to their GPs appropriately.

The management of urinary catheters was reviewed. The frequency with which catheters were required to be changed was recorded in the care plan. Care records evidenced that catheters were changed regularly and in accordance with the recommended frequency.

Review of patients' care records evidenced that patients and/or their representatives were informed of changes to patient need and/or condition and the action taken.

Is Care Compassionate? (Quality of Care)

Discussion with the registered manager confirmed that where patients or their families, have a personal preference for the gender of the staff providing intimate care, their wishes would be respected. Arrangements were in place for the deployment of staff, if required, to ensure that patients' wishes were adhered to.

Staff were observed to attend to patient's continence needs in a dignified and personal manner.

Patients spoken with confirmed that they were treated with dignity and respect, that staff were polite and respectful and that their needs were met in a timely manner. Good relationships were evident between patients and staff.

Areas for Improvement

There were no areas for improvement identified.

Number of Requirements	0	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

5.4 Additional Areas Examined

Management of care records and patient information

During the general inspection of the home, it was observed that patient's care charts regarding personal hygiene, repositioning, and food and fluid intake were placed on a clip board outside bedrooms throughout the home. It was concerning that any one passing through the home could have read the content of these charts. This was discussed with the registered manager during feedback who agreed to review and discuss with senior staff how this information could be handled confidentially.

Areas for Improvement

It is recommended that the registered manager considers how confidential patient information is retained to support and uphold patients' right to privacy and dignity at all times.

Number of Requirements	0	Number Recommendations:	1
-------------------------------	----------	--------------------------------	----------

Patient views/comments

Seven patients spoken with were complimentary regarding the conduct of the home and staff attitude in particular. Patients stated that staff were attentive, friendly, caring and discreet. Patients were aware of who the registered manager was and felt that if they had any concerns they could raise them with any member of staff or the registered manager.

Comments made included:

'I am comfortable, content; staff are good'

'Staff are very discreet and protect my privacy'

'I feel safe, content'

'They [meaning staff] are good people'

'She [meaning the registered manager] is one of the best'.

Areas for Improvement

There were no areas for improvement identified.

Number of Requirements	0	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

Environment

A general inspection of the home's environment evidenced that the home was spotlessly clean, with a good standard of décor throughout.

Patients were observed relaxing in either the lounge or their own bedroom as they wished. Staff were observed attended to calls for assistance promptly and were heard addressing patients in an appropriate manner.

Areas for Improvement

There were no areas for improvement identified.

Number of Requirements	0	Number Recommendations:	0
-------------------------------	----------	--------------------------------	----------

6 Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager, Lisa McDonald, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 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.

6.1 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 (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the DHSSPS Care Standards for Nursing Homes, April 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.


6.3 Actions Taken by the Registered Manager/Registered Person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to nursing.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan			
Recommendations			
Recommendation 1	The registered person should consider how confidential patient information is retained to support and uphold patients' right to privacy and dignity at all times.		
Ref: Standard 6.1 Stated: First time	Response by Registered Manager Detailing the Actions Taken: <u>—All confidential information is now stored in a cupboard and taken out only for completion.</u>		
To be Completed by: 31 May 2015			
Registered Manager Completing QIP	<u>—Lisa McDonald</u>	Date Completed	<u>20.05.15</u>
Registered Person Approving QIP	<u>—Dr Claire Royston</u>	Date Approved	<u>21.05.15</u>
RQIA Inspector Assessing Response		Date Approved	

Please ensure the QIP is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address


 J. P. WATSON
 MANAGING DIRECTOR
 22/5/15.

RQIA Inspector Assessing Response	Lyn Buckley	Date Approved	04/06/2015
-----------------------------------	-------------	------------------	------------