Inspection Report

20 October 2022

Galgorm

Type of service: Nursing (NH)
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Beaumont Care Homes Limited **Responsible Individual :** Mrs Carol Cousins	**Registered Manager:** Mrs Lisa Anthony **Date registered:** 16 January 2015
Person in charge at the time of inspection: Mrs Lisa Anthony	**Number of registered places:** 35 A maximum of 3 patients in category NH-TI. There shall be a maximum of 1 named resident receiving residential care in category RC-I.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill. Residential Care (RC) I – Old age not falling within any other category.	**Number of patients accommodated in the nursing home on the day of this inspection:** 25
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 35 patients. Patient bedrooms are located over two floors. Patients have access to communal lounges, dining rooms and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 20 October 2022, from 9.30 am to 4.45 pm by a care inspector.

The inspection assessed various aspects of the running of the nursing home to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff members were helpful and pleasant in their interactions with them.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

It was positive to note that the inspection identified no areas requiring improvement and RQIA were assured that the delivery of care and service provided in Galgorm was safe, effective, compassionate and that the home was well led.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Lisa Anthony, Manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with 16 patients, eight staff and four relatives. Patients spoken with on an individual basis told us that they were happy with their care and with the services provided to them in Galgorm Nursing Home. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. Patients described the staff as “good”, “nice”, “kind”, “obliging” and “always here to help you”. Patients also told us they were quite content and liked it here in the home. The four relatives we engaged with told us they were very happy with the care their loved one received and one relative felt assured knowing her mother was safe in Galgorm.

Staff spoken with said that Galgorm Nursing Home was a good place to work. Staff commented positively about the Manager and described her as supportive, approachable and always available for guidance. Discussion with the Manager and staff confirmed that there were good working relationships between staff and management.

We received no completed questionnaires within the allocated timeframe, however; one staff member started to complete the online survey but did not answer all the questions. The staff member did provide the following comment; “This is an excellent care home and a homely caring environment for the residents to live in. All team members have the same goal and that is, the best possible outcomes for the residents. Each team member is dedicated to delivering person centred care and strives to ensure the residents are safe, happy and well cared for.”

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Galgorm Nursing Home was undertaken 24 June 2021 by a care inspector; no areas for improvement were identified.

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A sample of staff recruitment files were reviewed and showed that robust systems were in place to ensure staff were recruited correctly to protect patients as far as possible. Staff were provided with a comprehensive induction programme at the commencement of their employment to prepare them for working with the patients.

A system was in place to ensure that staff completed their training; the Manager has good oversight with staff compliance with the required training.

Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

The duty rotas accurately reflected the staff working in the home over a 24 hour period. Staff absences were recorded on the rota and the person in charge in the absence of the Manager was clearly highlighted. Staff reported good team work and had no concerns regarding the staffing levels.

Staff also said they felt well supported in their role and were satisfied with the level of communication between staff and management.

Staff members were seen to respond to patients' needs in a timely manner and were seen to be warm and polite during interactions. It was clear through these interactions that the staff and patients knew one another well.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Examination of the recording of repositioning evidenced these were well completed and evidenced good oversight by nursing staff.

Patients who required care for wounds had this clearly recorded in their care records and records evidenced that wound care was managed in keeping with best practice guidance.

Examination of records and discussion with the Manager confirmed that the risk of falling and falls were well managed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required. The appropriate care records were reviewed and updated post fall.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple encouragement through to full assistance from staff. The mealtime was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. There was a variety of drinks available. Staff attended to patients in a caring manner. The patients commented positively about the food.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily; the records reviewed were well maintained and evidenced good oversight by nursing staff.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm, clean and comfortable. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home.

Fire safety measures were in place to ensure that patients, staff and visitors to the home were safe. Staff members were aware of their training in these areas and how to respond to any concerns or risks. A fire risk assessment had been completed on 9 June 2022. All actions identified by the fire risk assessor had been addressed by the Manager.

The Manager told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases and any outbreak of infection was reported to the Public Health Agency (PHA).

Staff members were observed to carry out hand hygiene at appropriate times and to use personal protective equipment (PPE) in accordance with the regional guidance.

5.2.4 Quality of Life for Patients

Observation of life in the home and discussion with staff and patients established that staff engaged well with patients individually or in groups. Patients were afforded the choice and opportunity to engage in social activities and some were observed engaged in their own activities such as; watching TV, sitting in the lounge resting or chatting to staff. Patients appeared to be content and settled in their surroundings and in their interactions with staff.

The home had been decorated for Halloween by both the staff and patients. The activity staff member was very enthusiastic in her role and shared details of future planned events. Patients were observed taking part in picture bingo and making additional Halloween decorations for the home during the inspection.

Galgorm Nursing Home has made links with a local primary school, the school children are writing to the patients and posting their letters in a "kindness post box"; this is a regional initiative in an effort to combat loneliness. The activity staff member and the patients spoke positively about receiving these letters and they all were looking forward to next week as the school children were coming into the home to meet the patients face to face for the first time.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection.

Staff members were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The Manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. It was noted that managerial oversight was not always evidenced in all the governance audits reviewed, specifically in those audits which had been delegated to other nursing staff; this was discussed with the Manager and will be followed up on the next care inspection.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA. Review of records identified two incidents which had not been reported to RQIA; this was discussed with the Manager and retrospective notifications were immediately submitted.

A review of records in regard to complaints management established that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

Staff commented positively about the Manager and said she was supportive and approachable. Staff also said that communication within the home was good and that they felt they were kept well informed.

The Manager maintained records of regular staff and departmental meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Lisa Anthony, Manager as part of the inspection process and can be found in the main body of the report.

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