



# Unannounced Care Inspection Report

## 25 April 2019



## Galgorm

**Type of Service: Nursing Home (NH)**

**Address: 90 Galgorm Road, Ballymena BT42 1AA**

**Tel No: 028 2565 1365**

**Inspectors: James Lavery and Judith Taylor**

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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 which is registered to provide nursing care and residential care for up to 35 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Four Seasons Health Care  <b>Responsible Individual:</b> Maureen Claire Royston	<b>Registered Manager and date registered:</b> Lisa McDonald 16 January 2015
<b>Person in charge at the time of inspection:</b> Lisa McDonald	<b>Number of registered places:</b> 35  A maximum of three patients in category NH-TI. There shall be a maximum of three named residents receiving residential care in category RC-I.
<b>Categories of care:</b> 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	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 28

### 4.0 Inspection summary

An unannounced inspection took place on 25 April 2019 from 09.45 to 17.05.

This inspection was undertaken by the care inspector and the pharmacist inspector.

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 Care Standards for Nursing Homes, 2015.

The inspection assessed progress with any areas for improvement identified during and since the last inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff inductions, fire safety arrangements and the use of restrictive practices. Further areas of good practice were also observed in regard to planned activities, engagement with patients' relatives, complaints management and monthly monitoring visits.

Two areas for improvement were identified in regard to wound care and the dining experience of patients.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in the home and in their interactions with others, including staff.

Comments received from patients, people who visit them and staff during and after the inspection are included in the main body of this report.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Lisa McDonald, registered 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.

#### 4.2 Action/enforcement taken following the most recent inspection dated 25 October 2018

The most recent inspection of the home was an unannounced finance inspection. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined and/or discussed during the inspection:

- staff training records for the period 2018/19
- accident and incident records
- three patients' care records including relevant supplementary wound care records
- a selection of governance audits
- complaints records
- adult safeguarding records
- notifiable incidents to RQIA
- staff selection and recruitment records
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- receipt and disposal of medicines records
- personal medication records
- medicine administration records

Areas for improvement identified at the last care, pharmacy and finance inspections were reviewed and assessment of compliance recorded as either met, partially met, or not met.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

## **6.0 The inspection**

### **6.1 Review of outstanding areas for improvement from previous inspections**

Areas of improvement identified at previous care inspection have been reviewed. Of the total number of areas for improvement all were met.

Areas of improvement identified at previous finance inspection have been reviewed. Of the total number of areas for improvement all were met.

Areas of improvement identified at previous medicines management inspection have been reviewed. Of the total number of areas for improvement all were met.

There were no areas for improvement identified as a result of the last premises inspection.

## 6.2 Inspection findings

### 6.3 Is care safe?

**Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

Staffing levels within the home were reviewed with the manager who confirmed that staffing levels were planned and kept under review to ensure that the needs of patients were met. We asked patients and their visitors about staffing levels and no-one expressed any concern. Several patients spoke positively about the home to the inspector, including comments such as:

- “The staff treat me well.”
- “I’m looked after more than well.”

A review of the staffing rota provided assurance that rostered staffing levels were regularly met and that the staffing skill mix was in keeping with the Care Standards for Nursing Homes, April 2015. One staff member told the inspector: “I think (staffing) has really improved ... we’re going good at the minute ... staff are reliable.”

Discussion with both the manager and staff provided assurance that staff were effectively supported by the manager through informal conversation and a process of bi-annual supervision and annual appraisal. Four staff were spoken with individually and each one expressed a high level of satisfaction with the support they received from the registered manager. Staff comments included:

- “I really enjoy working here ... very much so.”
- “The team are good ... we have good working relationships ... I love it.”

Feedback from staff also provided assurance that new members of staff undergo a formal, structured period of induction. One such staff member told the inspector that the manager had specifically focused on discussing the provision of palliative care during her induction while one patient within the home was receiving end of life care. The staff member stated that as this was an aspect of care which she was previously unfamiliar with, this support was invaluable. The staff member commented: “It made me feel really comfortable ... it was so good.” Such an approach to the support and development of staff is commended.

A review of governance records provided assurance that all notifiable incidents had been reported to the Regulation and Quality Improvement Authority (RQIA) as required. It was further noted that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

Staff confirmed that they received regular mandatory training to ensure they knew how to provide the right care. Training is provided to staff by means of either face to face instruction or using online resources. All staff stated that they felt that their mandatory training provided them with the skills and knowledge to effectively care for patients within the home. One staff member commented, “Lisa is very supportive towards ... training.”

The inspector looked round a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas etc. Patients' bedrooms, lounges and dining rooms were found to be warm, comfortable clean and tidy. It was pleasing to note that several communal areas, including a lounge and dining room, had been newly decorated which resulted in them appearing bright and welcoming to patients and visitors. Some areas of damaged plasterwork and one identified bedroom which required re-painting were highlighted to the manager. It was agreed that remedial work would be carried out in these areas following the inspection.

We also saw that fire safety measures were in place to ensure patients, staff and visitors to the home were safe. Staff confirmed that weekly fire drills were conducted within the home and that staff were encouraged to use firefighting equipment as part of their formal induction, which they considered extremely helpful.

Staff were observed adhering to infection, prevention and control best practice standards throughout the inspection. Gloves and aprons were readily available to staff and used appropriately while they were attending to patients' needs. One identified bed rail cover and crash mat were noted to be badly worn and not fit for use. These were highlighted to the manager who agreed to ensure that the equipment was appropriately replaced. Infection prevention and control deficits identified at the previous care inspection had been effectively addressed and an area of improvement was validated as met.

Discussion with the manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

The management of adult safeguarding within the home was discussed with the manager. It was confirmed that adult safeguarding is an integral component of mandatory training for all staff. Feedback from staff throughout the inspection confirmed that they possessed an effective understanding of how to recognise and respond to potential safeguarding incidents. Two staff questionnaires were submitted to RQIA following the inspection and both respondents were highly satisfied that staff were aware of their responsibility to report a safeguarding concern.

In relation to medicines management, the pharmacist inspector focused on the areas for improvement identified at the last medicines management inspection dated 10 April 2018. We reviewed the admission process for medicines and the standard of record keeping regarding medicines, such as personal medication records, medication administration records and records of incoming and outgoing medicines. Following examination of a selection of medicine records there was evidence of improvement in this area of medicines management. We were informed of the recent changes in practice to ensure this occurred. There was evidence that all of the transcribing on medication administration records and most of the transcribing on personal medication records involved two staff. However, we observed that in relation to the separate personal medication records maintained for short courses of medicines, this did not routinely include two signatures. Following discussion with staff and the manager, it was concluded that this was an oversight. We reviewed the administration of five short course medicines and they had been administered as prescribed. The manager provided details of how this would be addressed and given these assurances this area for improvement has been assessed as met.



Examination of several personal medication records indicated that they were accurately maintained. We were advised of the systems in place to ensure that these were reviewed each month. The personal medication records examined had been rewritten in the last month.

The areas for improvement were assessed as met and no new areas for improvement relating to medicines management were identified.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff inductions and fire safety practices.

### Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
<b>Total numb of areas for improvement</b>	0	0

#### 6.4 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

Feedback from both the manager and staff confirmed that there was a handover meeting at the beginning of each shift; staff stated they were able to discuss and review the ongoing needs of patients during these meetings.

Staff who were spoken with stated that that if they had any concerns, they could raise these with their line manager and/or the manager. Staff spoke positively about working within the home.

Review of care records evidenced multi-disciplinary working and collaboration with professionals such as GPs, tissue viability nurses (TVN), dieticians and speech and language therapists (SALT).

The care records also evidenced that staff regularly communicated with patients' families or representatives and also used a range of risk assessments to help inform the care being provided.

Repositioning records for one patient who was assessed as being at a high risk of developing pressure sores were reviewed. These confirmed that staff had repositioned the patient as required and that a relevant, person centred care plan was in place. It was agreed that the cover page of supplementary repositioning booklets should be fully completed by staff at all times; an area of improvement identified at the previous care inspection was validated as met.

Review of supplementary care records confirmed that these were completed in an accurate and contemporaneous manner by staff; an area of improvement identified at the previous care inspection was validated as met.



The use of a pressure mat which alerted staff to the movement of one patient was reviewed. It was good to note that appropriate and comprehensive risk assessments had been completed which clearly indicated that this equipment was both necessary and proportionate in helping to keep the patient safe. The patient's history of distressed reactions was clearly noted along with an appropriate and person centred care plan. Discreet observation of the patient confirmed that the equipment was being used appropriately and was closely monitored by staff.

Wound care which was being provided to one identified patient was also considered. Care plans for two identified wound sites were found to be inaccurate while another care plan for an old wound had not been removed from the patient's care record. Feedback from staff and review of the care records highlighted ineffective communication between staff in regard to wound care for the patient which resulted in dressings not being replaced in a timely manner. While it was confirmed before the inspection was completed that the patient's skin was intact, the inspector was not assured that the process for staff documenting and communicating wound care was robust. An area for improvement was made.

Oral care to patients was also examined. A suitable risk assessment and care plan was in place for one patient who required regular assistance with mouth care. Supplementary care records submitted following the inspection provided assurance that staff had provided the patient mouth care on a regular basis; an area of improvement identified at the previous care inspection was validated as met. However, feedback from staff highlighted a degree of uncertainty as to where such care should be recorded. We were informed following the inspection that staff on duty during the inspection had been given further guidance on this matter, as required.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to the use of restrictive practices.

### Areas for improvement

One new area for improvement under regulation was identified in regard to wound care.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

#### 6.5 Is care compassionate?

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

Upon arrival to the home, patients were observed enjoying breakfast within one of two dining rooms or within their bedrooms. Interactions between staff and patients throughout breakfast appeared friendly and spontaneous. All of the patients who were spoken with throughout the inspection spoke highly of the ability and commitment of staff in relation to patient care.

During mid-morning, staff were also observed offering patients a range of hot or cold drinks in addition to a mid-morning snack. Patients appeared to particularly enjoy cold refreshments during the warm day.

With regard to the provision of planned activities for patients, an activities planner evidenced a range of themed Easter events which had recently taken place. This included activities such as:

- The Easter story on DVD
- Book Club and special Easter reading

It was also positive to note that there was clear evidence of regular communication with patients and relatives with regard to service delivery. A notice board within the reception area highlighted that the home's Personal Activity Leader (PAL) had been available to meet with patients' relatives on 16 April 2019. The topic for discussion at this meeting was: 'Enriching your relative's life and building an active lifestyle.'

The provision of lunch was observed across both the lower and first floor dining rooms. Staff were observed offering patients clothes protectors as appropriate. The meals which were served appeared well presented and appetising. However, it was noted that the wall mounted menu boards on both floors were partially readable and therefore not best suited to patients' needs. It was also observed that although some table condiments were available, these were not routinely offered to those patients unable to use them independently. While the majority of staff interactions with patients throughout lunch were compassionate and timely, one staff member was observed helping two patients by assisting them with eating at the same time. These weaknesses concerning the dining experience of patients were highlighted to the manager and an area for improvement was made.

Two staff questionnaires were submitted to RQIA following the inspection and both respondents were highly satisfied that patients were treated in a compassionate manner.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to planned activities and engagement with patients' relatives.

### Areas for improvement

One area for improvement under the standards was identified in regard to the dining experience of patients.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

#### 6.6 Is the service well led?

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

Feedback from staff and the manager provided assurance that they had a good awareness of their roles and responsibilities. This also evidenced that there was a clear organisational structure within the home. Two staff questionnaires were submitted to RQIA following the inspection and both respondents were either satisfied or very satisfied that the home was well led.

The home's categories of care were reviewed with the manager and it was confirmed that the home was operating within its registered categories of care.

Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately. It was also confirmed with the manager that any expression of dissatisfaction should be recorded appropriately as a complaint.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in relation to care records, wound care and infection prevention and control.

In addition, monthly quality monitoring reports completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 were reviewed. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality and human rights legislation and recognising and responding to the diverse needs of patients. Staff demonstrated a good understanding of these principles of care.

Discussion with the manager and home administrator confirmed that valuables which are placed in a safe place are reconciled, signed and dated by two people at least every quarter. An inventory of patients' property was reconciled on a quarterly basis by both the registered manager and home administrator. Robust financial records were also noted to be in place with regard to the provision of additional services such as hairdressing or chiropody. As a result of these findings, the three areas for improvement arising from the financial inspection dated 25 October 2018 were assessed as met and no new areas for improvement relating to finances were identified.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to complaints management and monthly monitoring visits.

### **Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

## **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, registered 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (1) (a)(b)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure the following in relation to the provision of wound care for all patients:</p> <ul style="list-style-type: none"> <li>• care plans are in place which accurately describe the assessed needs of patients</li> <li>• nursing staff shall record all wound care interventions in an accurate, thorough and consistent manner in compliance with legislative and best practice standards</li> <li>• nursing staff provide wound care to patients in keeping with prescribed care and/or multi-professional recommendations</li> <li>• care plans relating to wound care are archived in a timely manner when no longer required</li> </ul> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b>            The Careplan referred to was archived and appropriate accurate careplan implemented. Registered nurses received Clinical Supervision in relation to wound care documentation and effective communication relating to dressing changes. Topic of wound care and effective communication was also discussed at a Clinical Governance Meeting. The provision of wound care in accordance with the regulation will be monitored by the Home Manager regularly through spot checking of care files and also during the monthly wound audit</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that all mealtimes are managed in such a way as to promote a person centred and compassionate dining experience for patients at all times. This relates to those deficits referenced in the body of this report.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b>            The menu rotation choice for every meal was typed and laminated. Kitchen staff are responsible for displaying the daily menu each day at the start of their shift. Care staff have received Clinical Supervision in relation to the dining experience. The Dining Experience Supervision is now included in topics for discussion for new start care staff. The provision of meals in accordance with the standards and FSHC policy will be monitored by the Home Manager by way of the Dining Experience Traca, Daily walkabout and also spot checks.</p>

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



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