

Unannounced Care Inspection Report

29 August 2017



Galgorm

Type of Service: Nursing Home (NH)
Address: 90 Galgorm Road, Ballymena, BT42 1AA
Tel No: 028 25651365
Inspector: James Lavery

www.rgia.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.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Four Seasons Healthcare Responsible Individual: Maureen Claire Royston	Registered Manager: Lisa McDonald
Person in charge at the time of inspection: Anne Black, deputy manager	Date manager registered: 16 January 2015
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 PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years	Number of registered places: 35 comprising: RC-I, RC-PH, RC-PH(E), NH-I, NH-PH, NH-PH(E), NH-TI A maximum of 8 residential places. A maximum of 3 patients in category NH-TI.

4.0 Inspection summary

An unannounced inspection took place on 29 August from 09.45 to 17.30 hours. A follow up visit was carried out on 6 September from 11.00 to 12.20 hours in order to review selection and recruitment records unavailable on the first day of inspection.

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 term 'patients' is used to describe those living in Galgorm which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to communication between staff and patients; adult safeguarding and auditing processes relating to the quality assurance of care delivery.

An area for improvement under regulation was identified in relation to compliance with Control of Substances Hazardous to health (COSHH) regulations.

Areas for improvement under standards were identified in relation to infection prevention and control (IPC) practices; care records; the dining experience of patients and governance processes relating to quality assurance and staff management.

Patients said that they were well cared for and expressed confidence in the ability and willingness of staff to meet their care needs. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection.

The findings of this report will provide the home 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	5*

*The total number of areas for improvement includes one under the standards which have been stated for a second time.

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 2 May 2017.

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 2 May 2017. 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

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 which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit

The inspector met with ten patients, seven staff, two patient's representative and one visiting professional. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 14 to 27 August 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2016/17
- incident and accident records
- one staff recruitment and induction file
- induction and orientation records for agency registered nurses and care staff
- minutes of staff and patient/relatives meetings
- three patient care records
- the matrix for staff supervision and appraisal
- a selection of governance audits relating to accidents; bedrails; wounds; care records
- complaints records
- adult safeguarding records
- RQIA registration certificate
- certificate of public liability
- a sample of personal emergency evacuation plans (PEEPS)
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or not met.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 2 May 2017.

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

6.2 Review of areas for improvement from the last care inspection dated 11 October 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 4 Criteria 8 Stated: First time	The registered provider should ensure that contemporaneous nursing records are kept of all nursing interventions, activities and procedures carried out to each patient. The outcomes of such actions are recorded.	Met
	Action taken as confirmed during the inspection: Discussion with nursing staff and review of care records evidenced that contemporaneous nursing records were maintained within daily patient notes and described nursing interventions, activities and procedures. The outcomes of such actions were also recorded.	
Area for improvement 2 Ref: Standard 37 Stated: First time	The registered provider should ensure that records are maintained in accordance with legislative requirements and best practice guidance. This recommendation relates specifically to “gaps” being left for staff to record entries retrospectively.	Met
	Action taken as confirmed during the inspection: Discussion with nursing staff and review of care records evidenced that records were maintained in accordance with legislative requirements and best practice guidance, specifically in regards to “gaps” within the nursing record.	

<p>Area for improvement 3</p> <p>Ref: Standard 39</p> <p>Stated: First time</p>	<p>The registered provider should ensure that registered nurses are provided with training in nutritional management to include the nutritional screening tool.</p> <p>The registered manager should ensure that actions and care interventions are appropriate and reflective of best practice guidance in this area of practice.</p> <p>Action taken as confirmed during the inspection: Discussion with the registered manager and review of training records evidenced that registered nurses have been provided with training in nutritional management including the nutritional screening tool.</p> <p>Discussion with the nursing staff and review of care records in relation to the management of nutrition confirmed that that actions and care interventions were appropriate and reflective of best practice guidance in this area of practice.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 6 Criteria 1</p> <p>Stated: First time</p>	<p>The registered provider should ensure that the arrangements for personal care ensure that patients are respected and their dignity is upheld at all times.</p> <p>Records for delivery of personal care should be monitored to ensure they accurately reflect care delivery in this regard.</p> <p>Action taken as confirmed during the inspection: A review of care records evidenced that the delivery of care to patients demonstrated a commitment to respecting the needs of patients and promoting their sense of dignity. The majority of care records accurately reflected the delivery of care in this area of practice. The completion of repositioning charts is discussed further in section 6.5.</p>	<p>Met</p>

Area for improvement 5 Ref: Standard 16 Criteria 11 Stated: First time	The registered provider should ensure that records of complaints includes whether or not the complainant was satisfied with the outcome and how this level of satisfaction was achieved in accordance with the DHSSPS Care Standards for Nursing Homes, 2015.	Not met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of complaints records evidenced that these were not maintained in accordance with the DHSSPS Care Standards for Nursing Homes, 2015. This is discussed further in section 6.7.	
	This area for improvement has not been met and has been stated for a second time.	

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure that the assessed needs of the patients were met. A review of the staffing rotas from 14 to 27 August 2017 evidenced that the planned staffing levels were adhered to. Discussion with the registered manager also confirmed that contingency measures were in place to manage short notice sick leave. Observation of the delivery of care provided assurance that patients' needs were met by the levels and skill mix of staff on duty. Discussion with patients confirmed that they had no concerns regarding staffing levels.

Review of the training records indicated that training was planned to ensure that mandatory training requirements were met. Additional training was also provided, as required, to ensure staff were enabled to meet the assessed needs of the patients. Staff demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice.

A review of documentation confirmed that any potential safeguarding concerns were managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. The registered manager confirmed that an 'adult safeguarding champion' was identified for the home.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction.

Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. The registered manager stated that a number of areas within the home had been recently redecorated including several patient bedrooms and the reception area. However, deficits were observed in relation to the interior environment of the home. For instance, wallpaper in the dining areas on both floors was observed to be peeling and in a state of disrepair; wall plaster in one communal lounge and two bedrooms was found to be damaged; one pressure relieving cushion was observed to be ripped while two further pressure relieving cushions were left unattended on a corridor floor. Further weaknesses were also highlighted following the observation of two domestic staff not wearing required personal protective equipment (PPE). These deficits consequently impacted the ability of staff to deliver care in compliance with infection prevention and control best practice standards and guidance. This was highlighted to the registered manager and an area for improvement under standards was stated.

While the majority of patients' bedrooms did have appropriate signage it was observed that four patients' bedrooms did not. This was highlighted to the registered manager and the importance of having such signage in place in order to promote the orientation of patients at all times was emphasised.

During a review of the environment the inspector identified one area within the home where patients could potentially have had access to several harmful chemicals. This was discussed with the registered manager and an area for improvement under regulation was identified to ensure Control of Substances Harmful to Health (COSHH) regulations were adhered to. The substances were safely stored before the conclusion of the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation staff communication and adult safeguarding.

Areas for improvement

An area for improvement under regulation was identified in relation to COSHH.

An area for improvement under standards was identified in relation to Infection prevention and control.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with the patients, their colleagues and with other healthcare professionals. Staff who were spoken with stated that there was effective teamwork within the home with each staff member knowing their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with their line manager and / or the registered manager.

Discussion with the registered manager confirmed that staff meetings were held on a regular basis and that minutes were maintained. Staff confirmed that such meetings were held and that the minutes were made available.

Care records evidenced that a range of validated risk assessments were used and informed the care planning process. There was also evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN) dieticians and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also found.

Staff did demonstrate an awareness of patient confidentiality in relation to the storage of records in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005.

Supplementary care charts relating to the food and fluid intake of patients evidenced that these were reflective of the delivery of care. However, supplementary care records for one patient in relation to repositioning evidenced that staff had not completed the patient's chart accurately in accordance with best practice guidance, care standards and legislative requirements. Discussion with staff confirmed that the patient did not have any current tissue viability concerns although they were assessed as being at a risk of pressure ulcers. This was highlighted to the registered manager and the importance of completing repositioning charts accurately was stressed.

A review of another patient's care records evidenced that recommendations made by healthcare professionals in relation to specific care and treatment was not accurately reflected in the patient's records on all occasions. For instance, the patient was assessed as requiring a modified diet and although there was a care plan referencing nutritional care, the content of the care plan was inconsistent and therefore inaccurate. This patient's care records also contained SALT advice which was no longer reflective of the patient's currently assessed needs. Discussion with staff confirmed that the patient was receiving the correct diet. This was highlighted to the registered manager and an area for improvement under standards was stated.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the timely provision of patient care plans and communication between residents and family members.

Areas for improvement

An area for improvement under standards was identified in relation to care records.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 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.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Patients were very positive in their comments regarding the staffs' ability to deliver care and respond to their needs and/or requests for assistance. Feedback received from a number of patients during the inspection included the following comments:

"Oh yes, it's good here.

"I've no complaints at all."

"The staff are very attentive."

Furthermore, feedback received from a patient's relatives/representative during the inspection included the following comment:

"It's excellent. The staff are well run."

Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information and confidentiality.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. Patients and their representatives confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

In addition to speaking with patients, relatives and staff, RQIA provided ten questionnaires for staff to complete, ten for relatives and eight for patients. At the time of writing this report, five patients; eight staff and two relatives had returned their questionnaires. All respondents stated that they were 'Very satisfied' with the care being provided.

Observation of the lunch time meal throughout the home evidenced that patients were given a choice in regards to the meals being served. The dining areas on the ground and first floor appeared to be clean, tidy and appropriately spacious for patients and staff. Staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans and associated SALT dietary requirements. All patients appeared content and relaxed in their environment. Discussion with kitchen staff evidenced good awareness of the holistic need of patients.

Deficits were found in relation to the dining experience of patients. It was observed that in both dining areas a radio was playing loudly and did not contribute positively to ensuring a relaxing environment for patients. It was further observed that staff in one dining area prepared trays, for patients awaiting lunch within their bedrooms, at a dining table where other patients were already seated and eating lunch. Staff were further observed decanting milk into patients' glasses from a milk carton rather than a suitable container. These shortfalls were highlighted to the registered manager and an area for improvement under standards was stated.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff awareness of and adherence to the dietary requirements of patients.

Areas for improvement

An area for improvement under standards was identified in relation to the dining experience of patients.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 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.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and patients evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. All staff spoken with expressed confidence in the leadership and support which they received from the registered manager.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to appropriate staff in a timely manner.

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. However, review of the home's complaints records evidenced that complaints were not managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. It was found that one complaint received in March 2017 did not indicate whether the complainant was satisfied with action taken by the registered manager in response to their complaint. It was further noted that a statement within the complaints record relating to March 2017 had been incorrectly recorded within the monthly complaints records from April to July 2017. This was highlighted to the registered manager and an area for improvement under standards was stated for a second time.

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 accordance with best practice guidance in relation to wound management, infection prevention and control, environment, complaints, incidents and accidents. The registered manager confirmed that she conducted a daily walk around the home and completed a daily medication audit.

Quality of life (QOL) audits were also completed daily by the registered manager in order to monitor patient satisfaction with nursing care and to help quality assure service delivery. Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified.

Discussion with the registered manager and review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Discussion with the registered manager and review of recruitment records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager confirmed that the policies and procedures for the home were systematically reviewed on a three yearly basis or as required.

Weaknesses were highlighted in relation to governance processes for the selection and recruitment of staff. These records were not accessible on the day of inspection and required the inspector to revisit the home on 6 September 2017. Upon review of selection and recruitment records for one member of staff it was evidenced that the employee's work history was incomplete. While records for this staff member did confirm that two references had been sought and received, they did not evidence if they had been received prior to the staff member

commencing employment within the home. An area for improvement under standards was stated.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to monitoring the professional registration of staff and a culture of teamwork within the home.

Areas for improvement

An area for improvement under standards was identified in relation to governance processes relating to the quality assurance and the selection and recruitment of staff.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

Area for improvement 1 Ref: Regulation 14 (2) (a)(c)	The registered provider must ensure that chemicals are stored in keeping with COSHH regulations. Ref: Section 6.4
Stated: First time To be completed by: With immediate effect	Response by registered person detailing the actions taken: All staff have received clinical supervision regarding the importance of ensuring all rooms where chemicals are stored are kept locked at all times when not in use. This will be spot checked during the daily walk around by the Home Manager or Nurse in charge.

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)

Area for improvement 1 Ref: Standard 46 Stated: First time	The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection. Ref: Section 6.4
To be completed by: 26 September 2017	Response by registered person detailing the actions taken: All staff have received clinical supervision regarding the importance of wearing Personal Protective Equipment appropriately. This will be monitored and spot checked by the Home Manager and Nurse in charge.
Area for improvement 2 Ref: Standard 4 Stated: First time	The registered persons shall ensure that all patient care records accurately reflect the prescribed care and treatment which should be delivered in compliance with recommendations made by the multidisciplinary care team, specifically those patients requiring a modified diet. Ref: Section 6.5
To be completed by: With immediate effect	Response by registered person detailing the actions taken: Registered nurses have received clinical supervision on adhering to procedure and protocol of signing and dating when the copy of SALT recommendations are given to the kitchen. Registered nurses have been advised to rewrite careplans appropriately as opposed to adding to them in order for them to be consistent.

<p>Area for improvement 3</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: 26 September 2017</p>	<p>The registered persons shall ensure that all practices and routines within the home promote and safeguard the principles of patient dignity and respect at all times, specifically in relation to the serving of meals.</p> <p>Ref: Section 6.6</p> <p>Response by registered person detailing the actions taken: On completion of the window replacement (commencing 17.10.17) a full refurbishment of the dining rooms is planned, the upstairs dining room will have an area allocated for tray preparation. In the interim a wider shelf has been provided. All other areas identified at inspection have been addressed with staff; no milk cartons or radios in the dining rooms. This has been discussed at a staff meeting and is spot checked by the Home Manager and the nurse in charge.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 16 Criteria 11</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered provider shall ensure that records of complaints includes whether or not the complainant was satisfied with the outcome and how this level of satisfaction was achieved in accordance with the DHSSPS Care Standards for Nursing Homes, 2015.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: If the Home Manager receives no further correspondence from a complainant she will identify on the monthly audit that the complaint has been closed and is satisfied.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 38</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered provider shall ensure that staff are not employed within the home until all necessary records are obtained in compliance with legislative and best practice standards.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: The Home Manager will ensure that references are signed and dated when received. The one identified personnel file has been reviewed and the home has been provided with written confirmation of the staff members retirement from her previous employment.</p>

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



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