

Unannounced Finance Follow Up Inspection Report 04 November 2019



Galgorm

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

www.rqia.org.uk

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 provider 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 nursing home with 35 beds that provides care for older patients, those with a physical impairment or those who are terminally ill.

3.0 Service details

Organisation/Registered Provider: Four Seasons Health Care Responsible Individual(s): Maureen Claire Royston	Registered Manager: Lisa McDonald
Person in charge at the time of inspection: Lisa McDonald	Date manager registered: 16 January 2015
Categories of care: Nursing Home –NH I -Old age not falling into any other category PH – Physical disability other than sensory impairment PH (E) – Physical disability other than sensory impairment- over 65 years TI- Terminally ill	Number of registered places: 35 A maximum of 3 patients in category NH-TI. There shall be a maximum of 4 named residents receiving residential care in category RC-I.

4.0 Inspection summary

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes (April 2015).

The inspection sought to assess progress with issues raised during the unannounced finance inspection of the home carried out on 25 October 2018.

The following areas were examined during the inspection:

- Checks of patients' monies and valuables deposited for safekeeping
- Records of treatments provided to patients for which there is an additional charge
- Patients' property records

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	0	1

Areas for improvement and 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.

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

Other than those actions detailed in the QIP, no further actions were required to be taken following the most recent inspection on 25 October 2018.

5.0 How we inspect

Prior to the inspection, the record of notifiable incidents reported to RQIA in the last twelve months was reviewed, the record of calls made to RQIA's duty system was also reviewed and this did not identify any relevant issues.

During the inspection, the inspectors met with the registered manager and home administrator.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 25 April 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) (a)(b) Stated: First time To be completed by: With immediate effect	<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"> care plans are in place which accurately describe the assessed needs of patients nursing staff shall record all wound care interventions in an accurate, thorough and consistent manner in compliance with legislative and best practice standards nursing staff provide wound care to patients in keeping with prescribed care and/or multi-professional recommendations care plans relating to wound care are archived in a timely manner when no longer required <p>Ref: 6.4</p>	Carried forward to the next finance inspection

	Action taken as confirmed during the inspection: A review of this area for improvement was carried forward to the next inspection.	
Action required to ensure compliance with the DHSSPS Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 12 Stated: First time To be completed by: With immediate effect	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. Ref: 6.5	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager established that in the wake of the care inspection this matter was discussed with all staff via one to one supervision meetings. Evidence of the content of the matters discussed as part of the meeting was provided to the inspector. The inspector also viewed the menu boards for each dining room in the home which were clear to read and reflected the choices available that day. Patients were observed being supported with their meals in a compassionate manner. The inspector spoke with two patients privately who confirmed that they enjoyed the dining experience, that they had a choice of meals at each mealtime and that the staff supported them with the dining experience, such as for example helping them with condiments to enhance their meal. Condiments were observed as available on each table in the dining rooms. On the basis of the evidence available on the day, this area for improvement was validated as met.	

6.1 Review of areas for improvement from the last finance inspection dated 25 October 2018

The most recent finance inspection of the home was carried out on 25 October 2018. The areas for improvement identified as part of this inspection were validated at the care inspection of 25 April 2019.

6.2 Inspection findings

Checks of patients' monies and valuables deposited for safekeeping

The inspector reviewed the safe contents list which identified those items belonging to patients which had been deposited for safekeeping. Items held within the safe place are required to be checked at least every quarter and signed by two people. The safe contents check identified that the contents had been checked by two people in October 2019.

Areas of good practice

The safe contents had been recently checked by two people.

Areas for improvement

No areas for improvement were identified as part of the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Records of treatments provided to patients for which there is an additional charge

The inspector reviewed a sample of records detailing hairdressing and podiatry treatments to patients which had been facilitated within the home for an additional fee payable to the hairdresser and podiatrist. These records should be signed by the person delivering the treatment and countersigned by a member of staff who can verify the treatment took place and that the patient has incurred the charge. A review of a sample of the records evidenced that the records were being maintained in line with the standards.

Areas of good practice

Treatment records were being maintained in line with the standards.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

Patients' property records

The inspector requested a sample of four patients' property records to ascertain whether a quarterly check of their property was being maintained. The standard requires that these records are checked at least every quarter and are signed and dated by two members of staff.

A review of the records identified that each patient had a template in place to record a quarterly check of their property. The review also established that three of the patients' records had been checked within the past three months albeit, that one record had only been signed by one person. For the remaining two patients, their records had last been checked in July 2019 and therefore should have been subject to a quarterly check in October 2019 at the latest. The two records detailed a date of November 2019 for review, however the inspector highlighted that this constituted a four month period not a three month (quarterly) period.

An area for improvement was listed to ensure that patients' property records are checked and signed and dated by two people at least quarterly.

Areas of good practice

Three out of five patients had a template in place which detailed that a quarterly check of their property had taken place.

Areas for improvement

An area for improvement was listed to ensure that patients' property records are checked and signed and dated by two people at least quarterly.

	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 Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 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

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (1) (a)(b)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<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"> • care plans are in place which accurately describe the assessed needs of patients • nursing staff shall record all wound care interventions in an accurate, thorough and consistent manner in compliance with legislative and best practice standards • nursing staff provide wound care to patients in keeping with prescribed care and/or multi-professional recommendations • care plans relating to wound care are archived in a timely manner when no longer required <p>Ref: 6.1</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next inspection.</p>
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Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)

<p>Area for improvement 3</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p> <p>To be completed by: 30 November 2019</p>	<p>The registered person shall ensure that an inventory of property belonging to each resident is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: Quarterly inventory reconciliation has been diarised to ensure that each resident has a quarterly check of their property completed within the stipulated timeframe. The Home Administrator will be completing the inventory record reconciliations which will all be countersigned by the Home Manager.</p>
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Please ensure this document is completed in full and returned via Web Portal



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