



The **Regulation** and
Quality Improvement
Authority

The Glebe Care Centre
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Unannounced Care Inspection
of
The Glebe Care Centre

9 February 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 9 February 2016 from 09.30 to 14.30 hours.

This inspection was underpinned by one standard and one theme from the DHSSPSNI Care Standards for Nursing Homes (2015). **Standard 19 - Communicating Effectively; Theme 'End of Life Care' incorporating criteria from Standard 20 – Death and Dying; and Standard 32 - Palliative and End of Life Care.**

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, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

For the purposes of this report, the term 'patients' will be used to describe those living in The Glebe Care Centre, which provides both nursing and residential care.

1.1 Actions/Enforcement Taken Following the Last Care 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 14 April 2015.

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	2

The total number of recommendations includes one regarding body mapping charts, which has been stated for a second time.

The details of the Quality Improvement Plan (QIP) within this report were discussed with the Geraldine Boyce, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Larchwood Care Homes (NI) Limited	Registered Manager: Geraldine Boyce
Person in Charge of the Home at the Time of Inspection: Geraldine Boyce	Date Manager Registered: 28 June 2012
Categories of Care: RC-I, RC-MP(E), RC-PH(E), NH-I, NH-PH	Number of Registered Places: 38
Number of Patients Accommodated on Day of Inspection: 31 (20 Nursing and 11 Residential)	Weekly Tariff at Time of Inspection: £470 - £624

3. Inspection Focus

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

Standard 19: Communicating Effectively
Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

4. Methods/Process

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

- discussion with the registered manager
- discussion with patients
- discussion with staff
- observation during an inspection of the premises
- evaluation and feedback.

The inspector met with nine patients individually and with the majority of others in groups, three care staff, two registered nurses, two ancillary staff and one patient's representative.

Prior to inspection the following records were analysed:

- notifiable events submitted since the last care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIP) from inspections undertaken in this inspection year
- the inspection reports for this inspection year.

The following records were examined during the inspection:

- three patients' care records and a selection of daily charts
- staff duty rota from 1 February to 14 February 2016
- staff training records
- staff induction records
- a selection of policies and procedures
- guidance for staff in relation to incontinence and palliative care
- the monthly quality monitoring reports since April 2015
- accident and incident records.

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an announced estates inspection on 29 September 2015. The completed QIP was returned and approved by the estates inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection

Last Care Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 14 (5)</p> <p>Stated: First time</p>	<p>The registered persons must review the care of patients currently subject to restraint of any kind and ensure that this is the only practicable means of securing the welfare of that or any other patient and there are exceptional circumstances. Decisions should be appropriately documented and signed by the patient or their representatives.</p> <p>Action taken as confirmed during the inspection:</p> <p>There was no evidence of inappropriate restrictive practices in use in the home. There was evidence in the care records reviewed that patients subject to a potentially restrictive practice had documentation in place to evidence discussion with the patient, their representative and multi-disciplinary team as appropriate.</p> <p>This requirement has been met.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 27 (2) (b, c, d and p)</p> <p>Stated: First time</p>	<p>The registered persons must ensure that the home is kept in a good state of repair; equipment provided for use by persons who work at the home is in good working order and suitable for the purpose for which it is to be used; all parts of the home are kept clean and reasonably decorated; and that lighting suitable for patients is provided in</p>	Met

	<p>all parts of the nursing home which are used by patients.</p> <p>Action taken as confirmed during the inspection: The home was presented to a good standard of hygiene throughout. Refurbishment works had taken place on the first floor including repainting and replacement of flooring and seating. The issues with lighting had been addressed.</p> <p>On the ground floor there were some repairs required to the doors and architraves. The manager stated that works were ongoing and would be commencing on the ground floor to include the laying of new flooring. In addition, the maintenance person was present in the home to assess a shower room for refurbishment.</p> <p>The progress of the works will continue to be monitored as part of the ongoing inspection process.</p> <p>This requirement has been met.</p>	
<p>Requirement 3</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p>	<p>The registered persons must ensure that unnecessary risks to the health and safety of patients are identified and so far as possible eliminated. This relates to the tumble dryer located in the laundry room.</p> <p>Action taken as confirmed during the inspection: A new tumble dryer had been purchased and on discussion, laundry staff confirmed that this was in good working order. Conditions in the laundry are confined and the layout requires review. The estates inspector made a recommendation in relation to the laundry arrangements in September 2015 and these are currently under review. This will continue to be monitored as part of ongoing inspection activity to ensure that progress continues to be made.</p> <p>This requirement has been met.</p>	<p>Met</p>
<p>Requirement 4</p> <p>Ref: Regulation 13 (7)</p>	<p>The registered persons must make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff.</p>	<p>Met</p>

Stated: First time	Action taken as confirmed during the inspection: The home was well presented to a good standard of hygiene. Damaged equipment identified at the previous inspection had been replaced. The housekeeper confirmed that she supervises the work of the domestic staff on a daily basis and deep cleaning schedules are in place. This requirement has been met.	
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Last Care Inspection Recommendations		Validation of Compliance
<p>Recommendation 1</p> <p>Ref: 4.8</p> <p>Stated: First time</p>	<p>The registered persons should ensure that the following best practice guidelines are readily available to staff for reference and use when required:</p> <ul style="list-style-type: none"> • British Geriatrics Society Continence Care in Residential and Nursing Homes • RCN continence care guidelines • NICE guidelines on the management of urinary incontinence in women • NICE guidelines on the management of faecal incontinence 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Up to date guidance regarding incontinence care was available for staff to reference.</p> <p>This recommendation has been met.</p>	
<p>Recommendation 2</p> <p>Ref: 39.4</p> <p>Stated: First time</p>	<p>The registered manager should ensure that sufficient registered nurses have up to date knowledge and expertise in catheterisation, including male catheterisation.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>A number of registered nurses had availed of training in male catheterisation since the previous care inspection.</p> <p>This recommendation has been met.</p>	
<p>Recommendation 3</p> <p>Ref: 37.4</p> <p>Stated: First time</p>	<p>The current body map charts in use should be reviewed to ensure that it is clear which wounds are current and which are healed.</p>	Not Met
	<p>Action taken as confirmed during the inspection:</p> <p>From a review of the care records it was evident that staff continued to chart multiple wounds on the one body map chart. A number of these wounds had occurred at different times but were recorded on the one chart. These made it difficult to ascertain which wounds were current and which were healed.</p>	

	<p>The manager stated that she had addressed this with staff but there was evidence that this practice was continuing.</p> <p>This recommendation has not been met and has been stated for the second time.</p>	
<p>Recommendation 4</p> <p>Ref: 41.2</p> <p>Stated: First time</p>	<p>It is recommended that the registered persons review staff deployment on the first floor to ensure that at all times suitably qualified, competent and experienced staff are working in the nursing home in such numbers as appropriate for the health and welfare of the patients.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>On observation it was evident that staff were responding to patients' needs in a prompt manner throughout the home. In discussion with patients there were no complaints in relation to the care delivered. One staff member was of the opinion that they were short-handed at weekends. A review of the duty rota, however, confirmed that appropriate numbers of staff were on duty. Patient dependency levels were also reviewed on a monthly basis and the home staffed accordingly.</p> <p>The manager stated that there is recruitment ongoing for night duty care assistants.</p> <p>This recommendation has been met.</p>	<p>Met</p>
<p>Recommendation 5</p> <p>Ref: 47.1</p> <p>Stated: First time</p>	<p>The registered persons should ensure that weighing scales are appropriately maintained and that procedures are in place to ensure that appropriate actions are taken to address concerns should the readings appear to be inaccurate.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>An inspection of the weighing scales evidenced that these had been serviced recently. There was evidence in the care records that patients were regularly weighed and any weight loss was managed appropriately.</p> <p>This recommendation has been met.</p>	<p>Met</p>

5.3 Standard 19 - Communicating Effectively

Is Care Safe? (Quality of Life)

A policy and procedure was available on breaking bad news which reflected current best practice, including regional guidelines on Breaking Bad News.

Staff had not received training on communication but on discussion it was evident that they were knowledgeable regarding this aspect of care.

Is Care Effective? (Quality of Management)

Care records reflected patient's individual needs and wishes regarding end of life care. Records included reference to the patient's specific communication needs such as sensory and cognitive impairments and how to manage these effectively.

A review of care records evidenced that the breaking of bad news was discussed with patients and/or their representatives, options and treatment plans were also discussed, where appropriate.

There was evidence within records reviewed that patients and/or their representatives were involved in the assessment, planning and evaluation of care to meet their assessed needs.

Is Care Compassionate? (Quality of Care)

Staff confirmed in discussion that they would provide a private venue for discussion with patients and their representatives and allow sufficient time for questions. They emphasised the importance of sensitivity and building up trusting, professional relationships with patients and their representatives.

Those patients spoken with confirmed that they were kept informed about their care and were involved in decision making. Staff were observed to be speaking kindly to patients and good relationships were evident between staff, patients and their representatives. Staff were responding promptly to patients' needs.

Areas for Improvement

No requirements or recommendations have been made in relation to this standard.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme: The Palliative and End of Life Care Needs of Patients are Met and Handled with Care and Sensitivity (Standard 20 and Standard 32)

Is Care Safe? (Quality of Life)

Policies and procedures on the management of end of life care and the death of a resident were available in the home.

These documents reflected best practice guidance such as the Gain Palliative Care Guidelines (2013) and included guidance on the management of the deceased person's belongings and personal effects.

The manager stated that she and another registered nurse had attended a seven day programme of training in relation to palliative care and bereavement last year. Staff had not received training regarding palliative care or death and dying. However, all staff spoken with were able to confidently discuss the important aspects of palliative and end of life care.

Discussion with staff confirmed that there were arrangements in place for staff to make referrals to specialist palliative care services. The contact details for this service were displayed at the nurses' station. Staff also spoke highly of the support available from their local GP's.

Discussion with the manager, staff and a review of care records evidenced that staff were proactive in identifying when a patient's condition was deteriorating or nearing end of life and that appropriate actions had been taken.

A protocol for timely access to any specialist equipment or drugs was in place and discussion with staff confirmed their knowledge of the protocol. Out of hours contact arrangements were displayed at the nurses' station.

A registered nurse was trained on the use of syringe drivers and support was available from the trust community nurses if required.

Is Care Effective? (Quality of Management)

A review of care records evidenced that patients' needs for palliative and end of life care were assessed and reviewed on an ongoing basis. This included the management of hydration and nutrition, pain management and symptom management. There was evidence that the patient's wishes and their social, cultural and religious preferences were also considered. Care records evidenced discussion between the patient, their representatives and staff in respect of death and dying arrangements.

A named nurse was identified for each patient approaching end of life. There was evidence that referrals could be made to the specialist palliative care team if required.

Discussion with the manager, staff and a review of care records evidenced that environmental factors had been considered. Management had made reasonable arrangements for relatives/representatives to be with patients who had been ill or dying.

A review of notifications of death to RQIA during the previous inspection year evidenced that these had been appropriately managed.

Is Care Compassionate? (Quality of Care)

Discussion with staff and a review of care records evidenced that patients and/or their representatives had been consulted in respect of their cultural and spiritual preferences regarding end of life care. On discussion staff were knowledgeable about their patients' needs as stated in the care plan.

Arrangements were in place in the home to facilitate, as far as possible, in accordance with the persons wishes, for family/friends to spend as much time as they wish with the person. Staff spoken with confirmed that relatives and friends were always made welcome and that they offered frequent beverages, meals and support. Facilities were made available for relatives to stay overnight if they so wished.

From discussion with the manager, staff and relatives, there was evidence that arrangements in the home were sufficient to support relatives during this time.

Staff consulted confirmed that they were given an opportunity to pay their respects after a patient's death. The funeral of a patient was held at a local church on the morning of the inspection and was attended by several of the home's staff.

From discussion with the manager and staff, it was evident that arrangements were in place to support staff following the death of a patient. The arrangements included the support of the team and the manager. Information regarding support services was available and accessible for staff, patients and their relatives. This information included literature from the Bereavement Network on care at the end of life and care following death.

Areas for Improvement

No requirements or recommendations were made in relation to this theme.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

5.5.1. Comments of patients, patients' representatives and staff

As part of the inspection process patients, their representatives and staff were consulted and questionnaires issued to staff and patients' representatives. Some comments received are detailed below.

Patients

Patients were positive regarding the care provided and the staff. No issues or concerns were raised. Comments included:

"I can't complain."

"Everyone is so good."

"I am very happy here."

Patients' Representatives

One patient's representative confirmed that they were happy with the care provided and stated that their relative was happy in the home. They confirmed that they had not had any reason to complain. Ten questionnaires were left for patients' representatives to complete but none were returned.

Staff

Those staff spoken with were happy working in the home. One staff member commented that they would need more staff at the weekend. Please refer to section 5.2 for further information in regards to staffing. Ten questionnaires were issued to staff and nine were returned. All staff indicated that they were either satisfied or very satisfied that care in the home was safe, effective and compassionate. One staff member commented:

“When you walk around the Glebe and talk to the residents and see how happy they are, laughing, smiling, joking around with staff. You then will know how good Glebe is. I love this home and its residents.”

A number of staff raised concerns about the standard of English language of some of the staff team. This was discussed with the manager and she confirmed that some staff were currently attending English language classes. A review of the duty rota, observation on the day of inspection and discussion with the staff concerned, confirmed that these staff were appropriately supervised and supported. The manager confirmed that the competence of these staff was being regularly reviewed to ensure patients’ safety and duties were being allocated appropriately.

5.5.2. Monthly quality monitoring reports

A review of the monthly quality monitoring reports evidenced that several monthly reports were not available in the file. Those on file were satisfactorily completed and there was evidence that actions were identified and followed up. The manager agreed to email the outstanding reports to RQIA and these were emailed on 9 February 2016 following the inspection. The manager was reminded that these should be printed off in the file so they are available for inspection and that the reports should be signed by the person carrying out the visit and the manager. The manager confirmed that the reports would be printed off for the file.

5.5.3. Repositioning Charts

The manager and nursing staff confirmed that there were no patients with pressure ulcers in the home. However, a review of daily charts evidenced that repositioning charts were not in place for all patients assessed as “at risk” of pressure ulcers. One patient had a repositioning chart in place and this was generally well completed. The manager stated that these were usually in place and agreed to address this with staff. On observation, it was evident that patients were being repositioned but no record was being maintained in relation to this. A recommendation has been made in this regard.

Areas for Improvement

Number of Requirements:	0	Number of Recommendations:	1
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Geraldine Boyce, registered manager, 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 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 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 must be completed by the registered person/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. 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 in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations			
Recommendation 1 Ref: Standard 37.4 Stated: Second time To be Completed by: 9 April 2016	The current body map charts in use should be reviewed to ensure that it is clear which wounds are current and which are healed. Ref: Section 5.2 Response by Registered Person(s) Detailing the Actions Taken: All Named Nurses/Team Leaders have been informed the body map charts must be renewed each month when assessments are being reviewed. This will be monitored closely and audits carried out to ensure this being done		
Recommendation 2 Ref: Standard 23 Stated: First time To be Completed by: 16 February 2016	Patients assessed as “at risk” of pressure ulcers should have a repositioning chart completed in accordance with best practice guidelines. Ref: Section 5.5.3 Response by Registered Person(s) Detailing the Actions Taken: Supervisions have been carried out with all trained staff and Team Leaders to remind them to ensure these charts are in place and reviewed on a daily basis. An audit will be commenced monthly to ensure this is being done.		
Registered Manager Completing QIP	Geraldine Boyce	Date Completed	26/2/16
Registered Person Approving QIP	Chris Walsh RNA	Date Approved	18/03/16
RQIA Inspector Assessing Response	Karen Scarlett	Date Approved	21/03/16

Please ensure this document is completed in full and returned to Nursing.Team@rgia.org.uk from the authorised email address

Please provide any additional comments or observations you may wish to make below: