



The Regulation and
Quality Improvement
Authority

The Glebe Care Centre
RQIA ID: 1440
12 Glebe Road
Carnmoney
Newtownabbey
BT36 6UW

Inspector: Karen Scarlett
Inspection ID: IN021854

Tel: 02890848212
Email:

Geraldine.boyce@larchwoodni.com

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

14 April 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 14 April 2015 from 09.30 to 15.30. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. 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.

The focus of this inspection was continence management which was underpinned by selected criteria from:

Standard 4: Individualised Care and Support; Standard 6: Privacy, dignity and Personal Care; Standard 21: Health care and Standard 39: Staff training and development.

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 23 June 2014.

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	4	5

The details of the QIP within this report were discussed with Christina McGuigan, Clinical Lead Nurse as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mr Ciaran Henry Sheehan	Registered Manager: Mrs Geraldine Boyce
Person in Charge of the Home at the Time of Inspection: Ms Christina McGuigan (Clinical Lead Nurse)	Date Manager Registered: 09/11/2011
Categories of Care: RC-1, RC-MP(E), RC-PH(E), NH-1, NH-PH	Number of Registered Places: 38
Number of Patients Accommodated on Day of Inspection: 33	Weekly Tariff at Time of Inspection: Nursing- £581 and top up £16 to £31 Residential - £461 and top up £16 to £31

3. Inspection Focus

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

Standard 4: Individualised Care and Support, criterion 8

Standard 6: Privacy, dignity and Personal Care, criteria 1, 3, 4, 8 and 15

Standard 21: Health care, criteria 6, 7 and 11

Standard 39: Staff training and development, criterion 4

4. Methods/Process

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

- discussion with the clinical lead nurse in charge of the home
- discussion with patients
- discussion with staff
- review of care records
- observation during an inspection of the premises
- evaluation and feedback.

The inspector met with seven patients individually and with others in groups, six care staff and one patient's visitor/representative.

Prior to inspection the following records were analysed:

- notifiable events submitted since the previous care inspection
- the registration status of the home

- written and verbal communication received since the previous care inspection
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous inspection year
- the previous care inspection report

The following records were examined during the inspection:

- staff duty rotas
- staff training records
- four care records
- a selection of policies and procedures
- guidance for staff in relation to continence care

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 23 June 2014. The completed QIP was returned and approved by the inspector. The findings of this inspection are outlined in section 5.2.

5.2 Review of Requirements and Recommendations from the last care Inspection

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 10.7	The care records for the resident identified to the registered manager should be updated to provide a care plan for the safe use of a sensor mat.	Met
	Action taken as confirmed during the inspection: A review of two care records evidenced that care plans were in place for the use of sensor mats and other forms of restraint. This recommendation has been met. It was noted that no consent/discussion forms had been signed by the patients' representatives to evidence the decision making process. A requirement has been made in this regard.	

Recommendation 2 Ref: Standard 30.7	<p>It is recommended that the nurse in charge of each shift is clearly identified on the staff duty roster.</p> <hr/> <p>Action taken as confirmed during the inspection: The nurse in charge was clearly identified on the duty rota and in a notice at the reception area. This recommendation has been met.</p>	Met
Recommendation 3 Ref: Standard 6.2	<p>All entries in case records are contemporaneous; dated and accompanied by the designation of the signatory.</p> <hr/> <p>Action taken as confirmed during the inspection: A sign in sheet was found in each care record with the name, signature, designation and initials of each nurse contributing to the record. This recommendation has been met.</p>	Met

5.3 Contenance Care and Management

Is Care Safe? (Quality of Life)

There were up to date policies in place for continence care and management and care of urinary catheters. However, the following recommended guidelines were not available for staff:

- RCN continence care guidelines
- British Geriatrics Society Continence Care in Residential and Nursing Homes
- NICE guidelines on the management of urinary incontinence
- NICE guidelines on the management of faecal incontinence

Discussion with the Clinical lead nurse and review of training records confirmed that a number of staff had received training in continence care in September 2014 and further training was planned for later in April 2015. The clinical lead nurse stated that all nursing staff were awaiting training in male catheterisation. Although staff in the home were supported by the district nurses in regards to male catheterisation staff required training in order to prevent out of hours admissions for replacement of catheters.

Discussion with care staff confirmed that they had received training in continence care. All staff were knowledgeable about the important aspects of continence care including the importance of dignity, privacy and respect as well as skincare, hydration and reporting of any concerns.

Is Care Effective? (Quality of Management)

Review of four patients' care records evidenced that bladder and bowel continence assessments were undertaken for all four patients. The outcome of these assessments, including the type of continence products to be used, was incorporated into the patients' care plans on continence care.

There was evidence in four patients' care records that bladder and bowel assessments and continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate. The care plans reviewed addressed the patients' assessed needs in regard to continence management.

The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. Urinalysis was undertaken as required and patients were referred to their GPs as appropriate. Arrangements were in place to obtain advice and support from external health professionals and services.

Review of four patients' care records and discussion with patients evidenced that either they or their representatives had been involved in discussions regarding the agreeing and planning of nursing interventions.

Monthly quality monitoring also takes place within the home including an audit of care records which incorporates continence care.

Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.

Is Care Compassionate? (Quality of Care)

During the inspection staff were noted to treat the patients with dignity and respect. Good relationships were very evident between patients and staff. Staff were observed to respond to patients' requests promptly. Patients confirmed that they were happy in the home, that staff were kind and attentive and their needs were responded to in a timely way.

Areas for Improvement

A recommendation has been made that up to date continence guidelines are made available to staff for use as required. It is also recommended that staff are enabled to attend training in male catheterisation in order to meet the needs of the current patients.

Number of Requirements	0	Number of Recommendations	2
-------------------------------	----------	----------------------------------	----------

5.3.1. Additional Areas Examined

5.4.1 Environment

An inspection of the premises identified a number of issues with the fitness of the premises and the décor of the home. Damage to walls, ceiling tiles, doors and architraves was observed in corridors, bathrooms and lounges, particularly on the first floor. In addition the lighting was observed to be low in the main lounge on the first floor and this room required redecoration. Another lounge on this floor was not in use and required redecoration. In addition, seating in these lounges was found to be worn and damaged.

Discussion with staff and observation of the laundry evidenced that only one washing machine and one tumble dryer were in use. Staff confirmed that these machines broke down on a regular basis and on these occasions laundry was transported to their sister home increasing the risk of cross infection. The dryer was found to be rusted and on two occasions had gone on fire. This matter was referred to the aligned estates inspector for the home following the inspection.

A requirement has been made regarding the fitness of the premises.

Issues were identified with infection control. A rusted and damaged raised toilet seat was observed in one bathroom which requires replacement and the toilet beside the first floor lounge was found to be scratched and damaged and cannot be effectively cleaned. A requirement has been made in this regard.

5.4.2 Care Records

It was noted that a body map chart was in use but that multiple wounds were being included on the same body map. This was causing confusion as to which wounds were current and which were healed. It is recommended that a separate body map is used for each identified wound.

There were a number of patients requiring sensor mats, bed rails and alarms which could be considered as a form of restraint. Although risk assessments were in place, it was noted that consent / discussion forms had not been signed by the patient or their representative. A requirement has been made in this regard.

5.4.3 Staffing

It was observed during the afternoon period that the first floor lounge was not always adequately supervised and this was not meeting the needs of the patients currently in the home. This was confirmed by staff who found it challenging to supervise this lounge when staff numbers reduced in the afternoon period. It has been recommended that the registered manager review the deployment of staff on the first floor to ensure that the health and welfare needs of patients are being met.

5.4.4 Comments by staff, patients and patient representatives

As part of the inspection process we spoke with patients, their representatives and staff and issued questionnaires. All comments were generally positive. Some comments received are detailed below:

Staff

“I am happy to be part of the care team at Glebe.”

“The quality of care in Glebe is excellent.”

“The home provides compassionate care for residents and focusses on individual wishes.”

“The care staff all do their best for all the residents to make it feel like home.”

“The manager in Glebe is always there for the residents and will go out of her way to help.”

Patients

Patients were unable to complete the questionnaires but comments to RQIA included:

“It couldn’t be better.”

“The food is very good.”

“I love it here. The staff chat to you and the activities are great.”

Patient’s representatives

RQIA spoke to one visiting relative who commented that the food was good, the staff friendly and the care very good.

6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Ms Christina McGuigan, Clinical Lead Nurse, as part of the inspection process. The timescales commence from the date of inspection.

The registered persons should note that failure to comply with regulations may lead to further 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 (2005).

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes (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 will be completed by the registered persons to detail the actions taken to meet the legislative requirements stated. The registered persons 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 within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory Requirements	
<p>Requirement 1</p> <p>Ref: Regulation 14 (5)</p> <p>Stated: First time</p> <p>To be Completed by: 14 July 2015</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>Response by Registered Manager Detailing the Actions Taken: All residents who currently are subject to any degree of restraint have been suitably assessed and consent documented by the resident and their representatives. This is reviewed on a monthly basis or more often if required. There is always a discussion with the residents GP and Care manager regarding the method of restraint required.</p>
<p>Requirement 2</p> <p>Ref: Regulation 27 (2) (b, c, d and p)</p> <p>Stated: First time</p> <p>To be Completed by: 14 October 2015</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 all parts of the nursing home which are used by patients.</p> <p>Response by Registered Manager Detailing the Actions Taken: An extensive programme of redecoration has now been commenced. New flooring has been put down on upstairs dayrooms and hallways. Day rooms are being redecorated this week. The bathroom beside the upstairs dayroom has been refurbished and the old toilet has been replaced. New armchairs have also been ordered for both dayrooms and also lamps to improve lighting.</p>
<p>Requirement 3</p> <p>Ref: Regulation 14 (2) (c)</p> <p>Stated: First time</p> <p>To be Completed by: 14 July 2015</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>Response by Registered Manager Detailing the Actions Taken: The rusted area on the tumble drier was serviced on 15/5/15 and a certificate of safety was issued by the firm who maintain the tumble drier.</p>
<p>Requirement 4</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be Completed by:</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>Response by Registered Manager Detailing the Actions Taken: The rusted toilet seat was replaced on 21/4/15. Infection control training is ongoing for all staff</p>

14 July 2015

Recommendations	
<p>Recommendation 1</p> <p>Ref: 4.8</p> <p>Stated: First time</p> <p>To be Completed by: 14 June 2015</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 <p>Response by Registered Manager Detailing the Actions Taken: These are now available and accessible to all staff</p>
<p>Recommendation 2</p> <p>Ref: 39.4</p> <p>Stated: First time</p> <p>To be Completed by: 14 October 2015</p>	<p>The registered manager should ensure that sufficient registered nurses have up to date knowledge and expertise in catheterisation, including male catheterisation.</p> <p>Response by Registered Manager Detailing the Actions Taken: All trained staff have now recieved training on male catheterisation. They now m complete a further practical assessment within the next few months to ensure competency. This will be carried out in Glebe</p>
<p>Recommendation 3</p> <p>Ref: 37.4</p> <p>Stated: First time</p> <p>To be Completed by: 14 July 2015</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> <p>Response by Registered Manager Detailing the Actions Taken: Supervisions were carried out with all trained staff and now all wound charts are clear and up to date. Any resident with any wounds will have the body map chart renewed monthly</p>
<p>Recommendation 4</p> <p>Ref: 41.2</p> <p>Stated: First time</p> <p>To be Completed by: 14 June 2014</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> <p>Response by Registered Manager Detailing the Actions Taken: The Rhys Hearne dependency model is used to calculate the staffing levels and is reassessed monthly or when a residents condition deteriorates. The staffing levels in Glebe comply with this and RQIA guidelines.</p>

Recommendation 5 Ref: 47.1 Stated: First time To be Completed by: 14 June 2014	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.
	Response by Registered Manager Detailing the Actions Taken: The scales were re-calibrated on 24/4/15. If the readings appear innaccurate staff will ensure a further reading will be carried out and compared.If a resident is consistently loosing weight they are referred to other members of the multi disciplinary team.

Registered Manager Completing QIP	Geraldine Boyce	Date Completed	16/6/15
Registered Person Approving QIP	Ciaran Sheehan	Date Approved	16/6/15
RQIA Inspector Assessing Response	Karen Scarlett	Date Approved	18/6/15

Please ensure the QIP is completed in full and returned to nursing.team@rqia.org.uk from the authorised email address

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