

Inspection Report

22 March 2022



The Glebe Care Centre

Type of Service: Nursing Home
Address: 12 Glebe Road, Carnmoney,
Newtownabbey, BT36 6UW
Tel no: 028 9084 8212

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Larchwood Care Homes (NI) Ltd</p> <p>Responsible Individual: Mr Christopher Walsh</p>	<p>Registered Manager: Mrs Jennifer Watson</p> <p>Date registered: Not registered</p>
<p>Person in charge at the time of inspection: Mrs Jennifer Watson</p>	<p>Number of registered places: 31</p> <p>There shall be a maximum number of 12 residents within category NH-PH (E).</p> <p>The home is approved to provide care on a day basis to 1 person.</p> <p>There shall be a maximum of 2 named residents receiving residential care in category RC-I.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category.</p> <p>PH – Physical disability other than sensory impairment.</p> <p>PH(E) - Physical disability other than sensory impairment – over 65 years.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 29</p>

2.0 Inspection summary

An unannounced inspection took place on 22 March 2022 from 9.50am to 5.30pm by two care inspectors.

This inspection sought to assess progress with issues raised on the previous quality improvement plan and to review the governance arrangements in the home following recent management changes. The inspection focused on staffing arrangements; care delivery and record keeping; management of the environment and infection prevention and control and management and governance arrangements.

Both areas for improvement identified at the previous inspection were met at this inspection. This inspection resulted in one area for improvement in relation to brain injury training.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire. The daily life within the home was observed and how staff went about their work.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with six patients and six staff. Patients were positive when speaking of their experience of living in the home. One told us, "The homes alright; staff are nice and I can talk to any of the nurses if I had any concerns". Staff confirmed that they enjoyed working with the patients and working in the home. Staff felt that they worked well together. There was no feedback from the patient/relative questionnaires. We received one response from the staff online survey. The respondent indicated they were very satisfied that the care in the home was safe, effective and compassionate and that the home was well led. The respondent simply commented, "Great place".

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

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 12 (1) Stated: First time	The registered person shall ensure the following in regard to those patients who are assessed as requiring assistance with being repositioned: <ul style="list-style-type: none"> • Patients' repositioning needs must be consistently met in keeping with their prescribed care and best practice standards. • Supplementary repositioning records must be completed in an appropriate, accurate, comprehensive and contemporaneous manner at all times. 	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 29 Stated: First time	The registered person shall ensure the prescription details on topical administration medication records are verified and signed by two registered nurses.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff consulted during the inspection were satisfied that patients' needs were safely met by the staffing levels and skill mix of staff on duty. Patients who required one to one care had this in place in addition to the normative staffing levels. Staff had a good understanding of their own roles in the home and the roles of others. Patients raised no concerns in relation to the staffing arrangements in the home and were complimentary when speaking of the care which they received and on their interactions with staff.

The manager confirmed that staffing levels were calculated by reviewing patients' dependency levels. Dependency levels were monitored monthly or after any significant change in the home. Newly admitted patients with a brain injury were afforded one to one care for two weeks from their admission to aid in environmental familiarity.

A staff duty rota was maintained to evidence all staff working in the home over a 24 hour period. This included nursing, care, domestic, kitchen and administrative staff. The staffs' full names were recorded and the designation in which they worked. Additional staff who were providing one to one care were also recorded on the rota. The nurse in charge of the home, in the absence of the manager, was identifiable on the rota and on a notice at reception.

Staff confirmed at the commencement of their employment they had a period of induction where they could become familiar with the homes policies and protocols. Staff were supernumerary during the induction period in that they were not counted within the normal staffing levels. One recently employed staff member confirmed that they felt 'well supported' when they commenced employment in the home.

A system was in place to monitor staffs' compliance with mandatory training. Some of the compliance percentages were low, however, information sent to RQIA following the inspection confirmed that training dates had been secured and this training had been attended. The home accommodated patients who had a brain injury. A review of training records evidenced that six staff had attended training specific to caring for a patient with a brain injury. The manager informed that three additional planned brain injury training sessions had to be cancelled due to unforeseen circumstances. RQIA were informed following the inspection that brain injury training had now been completed by the majority of staff. However, an area for improvement was identified to ensure that brain injury training was conducted as part of any new employee's induction programme.

Staff were observed working well together and communicating well together. Staff described the teamwork in the home as 'very good' and one staff told us that they, "Feel the benefits of working in a good team". Staff attended a handover at the commencement of their shift to keep up to date with any changes in patient care. Following the handover, a nurse would allocate staff to the areas in the home which they were to work.

5.2.2 Care Delivery and Record Keeping

Patients were presented well in their appearance and told us that they were happy in the home. Patients and staff confirmed that patients could spend their day in their preferred place; bedrooms or communal rooms. Staff were observed engaging compassionately with patients during the inspection. Visiting and care partner arrangements were ongoing in line with Department of Health guidelines.

Patients' care records had been maintained well. Personal hygiene care plans were in place to identify the level of assistance required with this aspect of care. The care assistants providing personal care to patients recorded the care provision on supplementary personal care charts.

Nutritional risk assessments were completed monthly to assess for weight loss and weight gain. Patients were observed to have good access to fluids during the inspection. Staff were observed assisting patients with fluids.

A pressure management risk assessment to monitor for the potential of a patient's skin to breakdown had been completed monthly within three patients' care records reviewed. Care plans were in place when a risk of skin breakdown was identified. Care plans identified frequency of repositioning where this was required. Records of repositioning had been maintained evidencing the positions that patients had been repositioned to and evidence of skin checks on repositioning. Repositioning records had been maintained contemporaneously. An area for improvement in this regard has now been met.

When a patient's skin was found to be discoloured, a photograph was taken as an aid in monitoring the skin condition. This is good practice. Where patients had been prescribed creams to be used as part of their skin management, topical medicines administration records (TMARs) had been completed to record the administration of the creams.

5.2.3 Management of the Environment and Infection Prevention and Control

On entry to the home the reception area was clean, tidy and welcoming. All visitors, including healthcare professional visitors, continued to have a temperature check recorded on entry to the home. Hand hygiene and personal protective equipment (PPE) remained available at the entrance. PPE was available throughout the home and there was signage available on how to don (put on) and doff (take off) PPE correctly. The home was warm, clean and tidy.

During the inspection we observed good staff practices on hand hygiene and PPE use. Staff confirmed that they had received recent infection prevention and control training. Hand hygiene and PPE audits had been completed regularly to ensure compliance. Environmental infection prevention and control audits had also been completed to monitor the environment.

There were no malodours detected in the home. Patients' bedrooms were clean and tidy and personalised with their belongings. Corridors and stairwells were clear of clutter and obstruction and fire exits were maintained clear. Fire extinguishers were easily accessible. Minor environmental issues identified were managed during the inspection as soon as they were identified. Communal areas were clean and tidy.

5.2.4 Management and Governance Arrangements

Since the last inspection there had been a change in the management arrangements. Mrs Jennifer Watson commenced as acting manager in the home from 12 January 2022 and will stay in post until a new manager has been employed and inducted.

Staff spoke positively of the new manager describing her and the management team as approachable and always available to provide guidance and support. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

A complaints file was maintained and evidenced detail of any investigations into complaints made and the corresponding actions including correspondence sent to the complainant. We discussed that any areas of dissatisfaction raised should be recorded as a complaint.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. Completed reports were available for review by patients, their representatives, the Trust and RQIA.

Staff told us they were confident about reporting any concerns about patients' safety. Staff were aware of who to report their concerns to and who to escalate their concern to if they felt that this was required.

6.0 Quality Improvement Plan/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/or the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Jennifer Watson, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

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

Area for improvement 1**Ref:** Regulation 20 (c) (i)**Stated:** First time**To be completed by:**
31 May 2022

The registered person shall ensure that newly employed staff to the home receive brain injury training at the point of induction.

Ref: 5.2.2

Response by registered person detailing the actions taken:
Following discussion with the Home Manager and the corporate trainer it was agreed that the internal brain injury training session will be incorporated into the induction training programme of mandatory sessions for all new employees.

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



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