



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of Establishment:	The Glebe Care Centre
Establishment ID No:	1440
Date of Inspection:	23 June 2014
Inspector's Name:	Lorraine O'Donnell
Inspection ID:	IN018383

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General Information

Name of Home:	The Glebe Care Centre
Address:	2 Glebe Road Carnmoney Newtownabbey BT36 6UW
Telephone Number:	028 9084 8212
E mail Address:	Geraldine.mcauley@larchwoodni.com
Registered Organisation/ Registered Provider:	Larchwood Care Homes (NI) Ltd Mr Ciaran Henry Sheehan
Registered Manager:	Mrs Geraldine Mc Auley
Person in Charge of the Home at the Time of Inspection:	Mrs Geraldine Mc Auley
Categories of Care:	NH-I ,NH-PH ,RC-I ,RC-MP(E) ,RC-PH(E)
Number of Registered Places:	38
Number of Patients Accommodated on Day of Inspection:	30
Scale of Charges (per week):	£581
Date and Type of Previous Inspection:	5 November 2013 Primary unannounced inspection
Date and Time of Inspection:	23 June 2014 09:00 – 11:00
Name of Inspector:	Lorraine O'Donnell

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

2.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

2.2 METHODS/PROCESS

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

- Discussion with the Registered Nurse Manager
- Discussion with staff
- Discussion with patients individually and with others in groups
- Review of a sample of staff duty rotas
- Review of a sample of care plans
- Observation during a tour of the premises
- Evaluation and feedback

2.3 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

2.0 Profile of Service

Glebe Care Centre is situated off the Glebe Road, Glengormley. It is a purpose built two storey building, with panoramic views over the surrounding countryside and Belfast Lough.

The first floor of the home is accessed by stairs and passenger lift. Bedroom accommodation is provided in both single and double occupancy rooms. There is a range of bathroom and shower facilities, lounges and one dining room which is located on the first floor.

The home is one of two homes owned by Orchard Care Homes, sharing the same site. Car parking facilities are available and access to the home is level with the car park.

The home is registered to provide care for a maximum of 38 patients/residents under the following categories of care:

Nursing Care (NH)

- I Old age not falling into any other category
- PH Physical disability other than sensory impairment

Residential Care (RC)

- I Old not falling within any other category
- MP (E) Mental disorder excluding learning disability or dementia over 65 years
- PH (E) Physical disability other than sensory impairment over 65 years.

The certificate of registration issued by the Regulation and Quality Improvement Authority (RQIA) was appropriately displayed in the main reception area of the home.

Mrs Geraldine McAuley is the registered manager for The Glebe Care Centre.

3.0 Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to The Glebe Care Centre. The inspection was undertaken by Lorraine O'Donnell on 23 June 2014 from 09 00 to 11 00 hours.

The inspector was welcomed into the home by Mrs Geraldine Mc Auley, registered manager who was available throughout the inspection. Verbal feedback of the issues identified during the inspection was given to Mrs Geraldine McAuley at the conclusion of the inspection.

During the course of the inspection, the inspector met and spoke with three patients and two staff. The inspector also observed care practices and examined a selection of records.

During discussions with two members of staff concerns were raised relating to the number of staff on duty on occasions, the staff stated they would like to have more time to "chat" with the patients. Details regarding staffing levels can be viewed in section 5 (5.1) of this report. The inspector examined three patients' care records and details regarding this can be viewed in section 5 (5.4)

As a result of the previous inspection conducted on 5 November 2013, two recommendations were issued. These were reviewed during this inspection. The inspector evidenced that one recommendation had not been complied with and one was moving towards compliance. Both recommendations have been issued for a second time. Details can be viewed in the section immediately following this summary.

Conclusion

The inspector can confirm that at the time of this inspection the delivery of care to patients was evidenced to be of a good standard.

The home's general environment was well maintained and patients were observed to be treated with dignity and respect. However, areas for improvement were identified in relation to the completion of case records.

As a result of this inspection three recommendations were issued. Two of the recommendations have been issued for a second time. These recommendations are detailed throughout the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients, registered manager, registered nurses and staff for their assistance and co-operation throughout the inspection process.

4.0 Follow-Up on Previous Issues

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	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.	<p>The inspector examined the care records of three patients identified as requiring the use of a sensor mat. One patient's care records did not contain evidence that the care plan had been reviewed following the patient's needs changing. For example, one patient was assessed following a review on 10 October 2010 indicating the need to use a sensor mat, however the care plan had not be updated accordingly.</p> <p>Therefore, this recommendation is stated for a second time.</p>	Moving Towards Compliance
2	30.7	It is recommended that the nurse in charge of each shift is clearly identified on the staff duty roster.	<p>The inspector examined staff rotas for a three week period; these records did not identify the nurse in charge on each shift.</p> <p>Therefore, this recommendation is stated for a second time.</p>	Not Compliant

4.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

Since the previous care inspection 5 November 2013, RQIA have received nil notifications of safeguarding of vulnerable adult (SOVA) incidents in respect of The Glebe Care Centre.

5.0 Additional Areas Examined

5.1 Staffing.

The inspector examined the rotas over three week period from 16 June 2014 to 7 July 2014. The inspector was informed by the registered manager that due to long term leave the home was using agency registered nurses to address any shortfall. The registered manager confirmed that for thirty patients/residents that the planned staffing levels were in keeping with RQIA Staffing Guidance for Nursing Homes, June 2009.

During discussion with two staff members they acknowledged that while the home had a number of vacancies there was enough staff to ensure the patients' needs were met. However they did have concerns that if the home was full the staff may not be adequate. These concerns were raised with the registered manager, who informed the inspector that she assessed the dependencies of the patients weekly to ensure the staff/ patient ratio was adequate. The inspector also examined records of staff meetings during which the manager has suggested new working practices to ensure efficient use of available staff. The registered manager informed the inspector assessment of the dependencies of the patients was forwarded to the regional manager every Monday, to assist with planning the use of agency staff to address any short fall.

However, due to unexpected leave deficits in staffing levels at times required the registered manager to 'cover' the shift with agency staff.

5.2 General Environment.

The inspector undertook a general inspection of the home's environment. Communal bathrooms, toilets, lounges, dining areas and a random sample of patient's/resident's bedrooms throughout the home were examined.

The atmosphere in the home was friendly and welcoming. The bedrooms contained personal items such as pictures and small items of furnishings which contributed to a homely atmosphere.

Bathroom facilities, sluice rooms and toilets were maintained to a good standard of cleanliness and hygiene. No mal odours were evidenced throughout the home.

5.3 Care practices.

The inspector spent time during the course of the inspection observing care practices and how staff supported patients. Good relationships were evident between staff and patients. Communication observed demonstrated that patients were treated courteously and with dignity and respect. Patients were well groomed and appropriately dressed and appeared comfortable in their surroundings.

5.4 Records and record keeping.

The inspector examined three patients' care records; one patient's records indicated the patient's needs had changed; the review documents relating to this change were not available to the inspector during the inspection. These records did not consistently include a date and the designation, in accordance with NMC guidelines.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed Mrs Geraldine Mc Auley, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Lorraine O'Donnell
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT**



Quality Improvement Plan

Unannounced Secondary Inspection

The Glebe Care Centre

23 June 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Geraldine Mc Auley either during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

Recommendations

These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	10.7	<p>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.</p> <p>Ref: Section 5.4</p>	Two	This has been addressed with all nursing and senior care assistants by supervisions and reinforced during staff meetings	Immediate from the date of the inspection.
2.	30.7	<p>It is recommended that the nurse in charge of each shift is clearly identified on the staff duty roster.</p> <p>Ref: Section 5.1</p>	Two	Clinical Lead Nurse has been advised of this and will now be done routinely when off duty is being completed.	Immediate from the date of the inspection.
3.	6.2	<p>All entries in case records are contemporaneous; dated and accompanied by the designation of the signatory.</p> <p>Ref: Section 5.4</p>	One	This has also been addressed via supervision sessions and staff meetings	Immediate from the date of the inspection.

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and return to nursing.team@rqia.org.uk

Name of Registered Manager Completing Qip	Geraldine McAuley
Name of Responsible Person / Identified Responsible Person Approving Qip	Ciaran Sheehan

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Lorraine O'Donnell	12/9/14
Further information requested from provider			