

Unannounced Care Inspection Report 27 November 2020



The Glebe Care Centre

Type of Service: Nursing Home

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Inspector: Liz Colgan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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 from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 31 persons.

3.0 Service details

<p>Organisation/Registered Provider: Larchwood Care Homes (NI) Ltd</p> <p>Responsible Individual: Christopher Walsh</p>	<p>Registered Manager and date registered: Christina Dubruszek-McGuigan – registration pending</p>
<p>Person in charge at the time of inspection: Christina Dubruszek-McGuigan</p>	<p>Number of registered places: 31</p> <p>The home is approved to provide care on a day basis to 1 person. 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. PH – Physical disability other than sensory impairment.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 27</p>

4.0 Inspection summary

An unannounced inspection took place on 27 November 2020 from 09.30 to 15.10 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

We discussed the management of operations in response to the COVID-19 pandemic with the manager. We found that COVID-19 policies and procedures were in place in keeping with best practice guidance.

During this inspection we identified evidence of good practice in relation to maintaining the well-being of patients, the management of notifiable events, adult safeguarding, teamwork and communication between patients, staff and other key stakeholders. Further areas of good practice were identified in relation to the culture and ethos of the home and maintaining good working relationships.

The following areas were identified for improvement in relation to, environmental and hygiene issues, infection prevention and control relating to the use of PPE and fluid balance charts.

The following areas were examined during the inspection:

- staffing
- infection prevention and control and personal protective equipment including the environment
- care delivery
- care records
- dining experience
- activities
- governance and management arrangements.

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	2	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Christina Dubruszek-McGuigan, Manager, Christopher Walsh, Responsible Individual and Nuala Green, Managing Director of Larchwood Care Homes, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with seven patients and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires were left for distribution. A poster was also provided for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Have we missed you cards' to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rota from the 16 November to 6 December 2020
- four care records
- three patients' food and fluid charts and fluid balance charts
- activities records
- occupational therapy records
- notifications of accidents and incidents
- incident and accident records
- regulation 29 monthly quality monitoring reports
- a selection of quality assurance audits
- the certificate of registration.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 4 February 2020. No further actions were required to be taken following the most recent 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 29 Stated: First time	The registered person must ensure that a robust system of monthly quality monitoring visits is completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes 2015. Such visits should include evidence of a robust action plan which comprehensively identifies and reviews all ongoing actions to drive quality improvement and address any deficits identified, including any relevant quality improvement plans as outlined by RQIA.	Met

	<p>Action taken as confirmed during the inspection: Review of the relevant documentation confirmed that a robust system of monthly quality monitoring visits had been completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes 2015. The visits included evidence of a robust action plans which comprehensively identifies and reviews all ongoing actions to drive quality improvement and address any deficits identified, including any relevant quality improvement plans as outlined by RQIA.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Area for improvement 1 Ref: Standard 11 Stated: First time</p>	<p>The registered person shall ensure that robust governance arrangements are in place which ensure the provision of a programme of events and activities throughout the home. This programme should aim to provide positive and meaningful outcomes for patients and be displayed in a suitable format within appropriate locations.</p>	Met
	<p>Action taken as confirmed during the inspection: Review of documentation and observation confirmed that a programme of events and activities was available. Patients spoken with were aware of what activities are available.</p>	

6.2 Inspection findings

6.2.1 Staffing

Discussion with the manager confirmed the planned staffing levels for the home. Staff duty rotas for the period of 16 November to 6 December 2020 were reviewed. The rota reflected the nurse in charge arrangements and staff on duty during the inspection. Staff confirmed that staffing levels were maintained to ensure the needs of patients could be met. There were no concerns raised by staff regarding staffing levels in the home. Staff shared that normal staffing levels were maintained throughout the peak of the COVID-19 outbreak with the use of bank and agency staff.

We spoke with one of the two recently employed Occupational Therapists and reviewed the individual assessments and care plans developed for patients. The therapists currently work Monday to Friday 09:00 to 17:00 hours, but plan to introduce weekend shifts. This is good practice and worthy of note.

Review of documentation and discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. The manager confirmed that a competency assessment was completed by the manager with any nurse who is given the responsibility of being in charge of the home in their absence.

The staff we met during the inspection discussed their experiences of working in the home. Staff were aware of reporting arrangements and who to speak with if they had any concerns. Observation of staff practice showed they were kind and courteous to patients and responded to call bells or requests for assistance in a timely manner. Staff spoken with confirmed there was a good sense of teamwork in the home and demonstrated an awareness of the individual needs of patients. Staff spoken with felt supported by their manager.

Comments received from staff include:

- “the COVID-19 situation has been difficult but has helped teamwork.”
- “the manager is helpful and approachable.”
- “we are doing everything we can to protect the patients in the current situation.”

6.2.2 Infection prevention and control and personal protective equipment including the environment

We reviewed arrangements in relation to infection prevention and control (IPC) procedures to evidence that the risk of infection transmission to patients, visitors and staff was minimised. We undertook a tour of the home and noted that the home was generally clean, tidy, uncluttered and well maintained. There were a number of environmental issues identified on this inspection which could impact on other IPC measures and effective cleaning practices. These are as follows:

- the paintwork in places throughout the home required redecoration
- the staff room toilet and shower needs to be refurnished, the shower contained pots of paint (which were removed immediately) ,and the taps on the hand wash sink had a large build-up of lime scale
- the carpet in an identified bedroom needed to be replaced
- the sealant in one identified shower room was soiled
- there was a strong malodour in two identified toilet areas.

These issues were discussed with the manager and an area for improvement was made. The manager stated that a comprehensive action plan has been developed to address environmental issues.

We observed that personal protective equipment (PPE) supplies were available throughout the home. Discussion with staff confirmed they felt safe doing their work and there was a good supply of PPE. Staff were generally observed using PPE appropriately in accordance with the current guidance. Two members of staff were observed wearing their mask below the chin. The review of the IPC audit indicated that this; needs further development to include the use of PPE.

These issues were discussed with the sister and an area for improvement was made.

We observed signage at the entrance to the home to reflect the current guidance on COVID-19. We were advised that during the current pandemic all patients and staff had their temperature taken twice daily, records were available.

We were advised that management completed regular observations of staff handwashing practices. Signage outlining the seven steps to handwashing was displayed throughout the home. Discussion with staff evidenced they were aware of how to reduce or minimise the risk of infection in the home. Staff confirmed enhanced cleaning schedules were in place which included the regular cleaning of touch points throughout the home.

We confirmed that arrangements were in place to ensure that staff received IPC and COVID-19 training commensurate with their roles and responsibilities. The manager demonstrated good knowledge and understanding of IPC procedures.

6.2.3 Care delivery

We observed staff practice in the home and interactions with patients were warm and kind. Staff showed good knowledge and understanding of patients' individual needs. Patients were well presented with obvious time and attention given to their personal care. Staff referred to patients by name and showed that they were aware of their personal preferences.

There was a relaxed and unhurried atmosphere in the home. Most patients were observed relaxing in their bedrooms. Patients appeared comfortable; staff were available throughout the day to meet their needs.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual patients were met within the home. Observation of practice evidenced that staff were able to communicate effectively with patients. Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the home.

We observed the use of appropriate activities, of particular note was the interactions between the activity therapist and the patients which was personalised and it was obvious that they knew each other very well.

Comments received from patients included:

- "I like it here."
- "They look after us."
- "I am very happy here."
- "I like the food."

6.2.4 Care records

Four care records were reviewed; these had been completed upon patients' admission to the home. Records included an up to date assessment of needs, care plans, risk assessments as necessary and daily evaluation records. We viewed the care records for identified patients in relation to wound care, weight loss and hygiene. The care records were well completed, and no issues were identified.

Review of two food and fluid and fluid balance charts noted that fluids were not consistently totalled. This area was discussed with the manager. An area for improvement was made.

6.2.5 Dining experience

We observed the serving of lunch during the inspection. Staff spoken with confirmed that the dining arrangements had been altered to ensure social distancing for patients due to risks during the COVID-19 pandemic. A small number of patients made their way to the dining room for lunch; others were supported with lunch in their bedrooms or the lounge areas. We observed patients were provided with appropriate clothing protectors if required. Reviews of the menu choice evidenced patients were given a choice at each mealtime; this included patients who required a modified diet.

Feedback from patients indicated that they were happy with the food provided in the home. Drinks were made easily available and staff provided assistance as necessary. Meals provided looked appetising and were of a good portion size. We were advised the dining arrangements were subject to ongoing review. Staff were observed providing drinks and snacks to patients at intervals throughout the day.

6.2.6 Governance and management arrangements

The manager outlined the line management arrangements for the home and confirmed she felt well supported in the recent months of the COVID-19 pandemic. Discussion with staff evidenced they knew who was in charge of the home on a daily basis and how to report concerns.

There was a system in place regarding the reporting of notifiable events. Review of records evidenced RQIA had been notified appropriately. We reviewed a sample of monthly monitoring reports. The monthly monitoring reports evidenced oversight had been maintained with regards to the running of the home. Action plans were included within the reports.

We reviewed a selection of quality improvement audits including falls, bedrails, wounds, IPC and hand hygiene and found that these had been updated on a monthly basis. As previously stated in section 6:2:2, the IPC audit needs to be further developed in relation to the use of PPE.

We were advised the manager was available for staff if they had any issues or concerns and there was appropriate on call arrangements within the home. Staff spoken with were clear on their roles and responsibilities.

The home's certificate of registration was displayed appropriately in a central part of the home. This certificate was reissued on the 29 October 2020; there was some issues with the categories of registration. Mr Christopher Walsh, Responsible Individual, agreed to contact the allocated inspector of the home and the registration team to resolve this issue.

Areas of good practice

During this inspection we identified evidence of good practice in relation to the management of notifiable events, adult safeguarding, teamwork and communication between patients, staff and other key stakeholders. Further areas of good practice were identified in relation to the culture and ethos of the home and maintaining good working relationships.

Areas of improvement

The following areas were identified for improvement in relation to, environmental and hygiene issues, infection prevention and control including the use of PPE, and fluid balance charts.

	Regulations	Standards
Total number of areas for improvement	2	1

6.3 Conclusion

Throughout the inspection patients were attended to by staff in a respectful manner. Patients appeared comfortable, and those spoken with were happy in the home and with the care provided. Three areas of improvement were identified.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Christina Dubruszek-McGuigan, Manager, Christopher Walsh, Responsible Individual and Nuala Green, Managing Director of Larchwood Care Homes, 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 Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (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	
Area for improvement 1 Ref: Regulation 13(7) Stated: First To be completed by: 27 January 2021	<p>The registered person shall ensure the environmental and hygiene practices outlined in the report do not impact on other infection prevention and control (IPC) measures and effective cleaning practices.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: Paint work- this is ongoing as part of the general maintenance within the home and is reviewed monthly by the Home Manager in the housekeeping audit. Staff toilet- taps were replaced on the sink within one week of the inspection. Sealant on the shower was replaced within one week of the inspection. The 2 identified toilets are cleaned frequently during shift and the Domestic assistant ensures these are also checked last thing in the evening. This is monitored daily by nursing staff to ensure compliance. The carpet has been measured and is awaiting replacement.</p>
Area for improvement 2 Ref: Regulation 13(7) Stated: First To be completed by: Immediate effect	<p>The registered person shall ensure that the infection prevention and control issues identified during the inspection, such as the appropriate use of PPE, are managed to minimise the risk and spread of infection. The IPC audit should be further developed to include the use of PPE.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: There is a compliance document to monitor staff compliance with masks- after a second warning staff are referred to HR. This has also been incorporated into the PPE audit and is completed by the Home Manager. Clinical Lead nurses and staff nurses monitor this on a daily basis</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 12 Stated: First	<p>The registered person shall ensure that fluid and food and fluid balance charts are reconciled daily.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken:</p>

To be completed by: Immediate effect	Nursing and care staff received a supervision in relation to the completion of the charts and ensuring they are reconciled daily. A review was also completed to ensure only those who needed them have them in place. Nursing staff were also asked to document total intake in the resident's daily progress notes for a 24-hour period.
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Please ensure this document is completed in full and returned via Web Portal



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