The Regulation and Quality Improvement Authority

Inspection Report

30 June 2021

The Glebe Care Centre

Type of service: Nursing (NH)
Address: 12 Glebe Road, Carnmoney, Newtownabbey, BT36 6UW
Telephone number: 028 9084 8212

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

<table>
<tr><td>Organisation/Registered Provider:
Larchwood Care Homes (NI) Ltd

Responsible Individual:
Mr Christopher Walsh</td><td>Registered Manager:
Ms Tee McClure – not registered</td></tr>
<tr><td>Person in charge at the time of inspection:
Ms Tee McClure</td><td>Number of registered places:
31 comprising of:
There shall be a maximum number of 12 residents within category NH-PH (E)
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.</td></tr>
<tr><td>Categories of care:
Nursing Home (NH)
PH(E) - Physical disability other than sensory impairment – over 65 years
I – Old age not falling within any other category.</td><td>Number of patients accommodated in the nursing home on the day of this inspection:
28</td></tr>
<tr><td colspan="2">Brief description of the accommodation/how the service operates:
This home is a registered Nursing Home which provides nursing care for up to 31 patients. The home is divided over two floors. Patient bedrooms are located over the two floors. Patients have access to communal lounges, dining rooms and a garden.</td></tr>
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2.0 Inspection summary

An unannounced inspection took place on 30 June 2021from 9.20 am to 6.10 pm, by a care inspector.

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.

It was positive to note that all of the areas for improvement from the previous inspection had been met. New areas requiring improvement were identified in regard to patient repositioning and topical medicine administration records.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA were assured that the delivery of care and service provided in The Glebe Care Centre was safe and compassionate and that the home was well led.

The findings of this report will provide the Manager with the necessary information to improve staff practice and the patients' experience.

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 and 'Tell Us' cards 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.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Tee McClure, Manager and Christopher Walsh, Responsible Individual at the conclusion of the inspection.

4.0 What people told us about the service

We spoke with four patients, 11 staff and two relatives. No questionnaires were returned and we received no feedback from the staff online survey. Patients expressed no concerns about the care they received and confirmed the staff were good. Staff were complimentary in regard to the home's new manager and spoke of how much they enjoyed working with the patients. A relative told us they know their loved one is well cared for.

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 inspection on 27 November 2020		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for Improvement 1 **Ref:** Regulation 13(7) **Stated:** First	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. **Action taken as confirmed during the inspection**: A review of the environment confirmed the areas outlined from the previous inspection have been met. The home has an ongoing refurbishment plan in place.	**Met**
Area for Improvement 2 **Ref:** Regulation 13(7) **Stated:** First	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. **Action taken as confirmed during the inspection**: Staff were observed to wear PPE appropriately, IPC audits include observation of staff practice with regard to compliance with PPE.	**Met**

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015		Validation of compliance
Area for Improvement 1 **Ref:** Standard 12 **Stated:** First	The registered person shall ensure that fluid and food and fluid balance charts are reconciled daily.	**Met**
	Action taken as confirmed during the inspection: A review of records confirmed this area for improvement was met. Fluid balance charts are reconciled daily.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A sample of staff recruitment files were reviewed and showed that robust systems were in place to ensure staff were recruited correctly to protect patients as far as possible.

There were systems in place to ensure staff were trained and supported to do their jobs. A system was in place to ensure that staff completed their training. All staff were provided with an induction programme relevant to their department and to prepare them for working with the patients.

Review of governance records provided assurance that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the manager on a monthly basis.

The duty rotas accurately reflected the staff working in the home over a 24 hour period. The manager’s hours and capacity worked were stated on the duty rota and the nurse in charge at each shift in the absence of the manager was highlighted.

Staff told us that there was enough staff on shift. Some staff described episodes of reduced staffing levels in recent months but a sustained improvement has been seen with the new home manager in post. Staff said that teamwork was good, the manager was approachable and that they felt well supported in their role.

Staff were seen to attend to patients’ needs in a timely manner and to maintain patient dignity by offering personal care discreetly and ensuring patient privacy during personal interventions.

Patients were offered choices throughout the day, from where and how they wished to spend their time, what they ate and drank and what activities they wished to avail of.

Relatives spoken with expressed no concerns regarding the care of their family members.

In summary, assurances were provided that staffing arrangements in the home were safe and staff conducted their jobs in a professional and polite manner.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of patients' needs, their daily routine, wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs; and included any advice or recommendations made by other healthcare professionals. Patients care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails or alarm mats. It was established that safe systems were in place to manage this aspect of care.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, aids such as alarm mats, crash mats or bedrails were in use, patient areas were free from clutter, and staff were seen to support or supervise patients with limited mobility. Staff also conducted regular checks on patients throughout the day and night. Those patients assessed as being at risk of falling had care plans in place.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required. The appropriate care records were reviewed and updated after the fall. Staff also completed a post fall review to determine if anything more could have been done to prevent the fall.

Patients who were less able to mobilise were assisted by staff to change their position regularly. However, a review of repositioning records evidenced that patients were not always repositioned as prescribed in their care plans. The repositioning records also evidenced inaccuracies in how the delivery of care was documented by staff. The specific examples were discussed with the manager and an area for improvement was identified.

Topical medicine administration records were reviewed. The records did not consistently evidence two nurses' signatures on the transcription of the medicine. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple encouragement through to full assistance from staff.

The mealtime was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. There was a variety of drinks available served with meals. Staff attended to patients in a caring and compassionate manner. If required, records were kept of what patients had to eat and drink daily.

There was a system in place to ensure that all staff were aware of individual patient's nutritional needs and any modified dietary recommendations made by the Speech and Language Therapist (SALT).

Nutritional assessments had been conducted on a monthly basis by staff using the Malnutrition Universal Screening Tool (MUST), and there was evidence that patients' weight was checked at least monthly to monitor weight loss or gain.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Patients looked well cared for, in that they were well dressed and attention had been paid to personal care and appearance.

There were systems were in place to ensure that patients' needs, including any changes, were communicated to all staff in a timely manner. Patients' privacy and dignity was maintained and their needs regarding falls management were met. Care delivery to patients will be further improved through compliance to the areas for improvement identified.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included a sample of bedrooms, communal lounges, dining rooms, bathrooms and storage spaces. The home was clean, warm, well-lit and free from malodours. The home has a refurbishment plan in place and contractors were seen on the day of inspection painting areas of the home. Continence products were seen stored outside their original packaging within communal bathrooms; this was discussed with the manager and will be followed up on a future inspection.

Corridors were clean and free from clutter or inappropriate storage. Fire doors were seen to be free from obstruction. The most recent fire risk assessment was undertaken on 7 October 2020 and records evidenced that any recommendations made had been addressed. There was evidence the home conducted frequent fire drills.

Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were seen to practice hand hygiene at key moments and to use PPE correctly. Governance records showed that Infection Prevention and Control (IPC) audits were conducted regularly and monitored staffs' practice and compliance with the guidance.

Visiting arrangements were managed in line with DoH and IPC guidance.

There were systems in place to ensure that the risk of infection and the internal environment of the home were well maintained in order that patients were comfortable and safe.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day, for example some patients preferred to spend time in their bedrooms and some used the communal areas, and some patients were seen to move between communal and personal spaces.

There was a range of activities provided for patients by activity staff. The activities provided included art, games, gardening, reminiscence, trips out of the home and singing. A record of patient involvement and participation in activities is recorded by the activity staff. On the day of inspection an ice-cream van was present at the home and the patents were seen to enjoy a cold ice-cream.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

There were systems in place to support patients to have meaning and purpose to their day within The Glebe Care Centre.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Ms Tee McClure has been appointed as the new home manager; RQIA were appropriately informed of this change.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. Staff said that the new manager was approachable and accessible.

The categories of care for which the home is currently registered was discussed with the Manager. It was noted that the registration certificate did not accurately reflect these. This was further discussed with the Responsible Person and it was agreed that an amended certificate would be issued. The Responsible Individual was also advised to liaise with the registration team in RQIA and submit a variation if required. This will be followed up on a future inspection.

It was observed that the there was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The Responsible Person was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

It was established that 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.

Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home.

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 in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

In summary, there were systems in place to monitor the quality of care and services provided and to drive improvement in the home.

6.0 Conclusion

Staff were observed engaging compassionately with patients and in a manner which promoted their privacy and dignity. The home was observed to be clean and tidy.

The lived experience of patients was promoted by activity staff that provided a schedule of activities so that patients had meaning and purpose to their day.

Based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager.

Two new areas for improvement were identified in regard to patient repositioning and topical medicine administration records.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with **The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015)**

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Tee McClure, Manager and Christopher Walsh, Responsible Person, 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 12 (1) **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure the following in regard to those patients who are assessed as requiring assistance with being repositioned: • 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. Ref: 5.2.2
	Response by registered person detailing the actions taken: New supplementary documentation has been embedded into practice and staff have been supported with relevant training to aid completion. Additionally this area for improvement is an ongoing focus at both Home Manager and Regional level to support and encourage accurate and timely completion of this documentation
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 **Ref:** Standard 29 **Stated:** First time **To be completed by:** With immediate effect	The registered person shall ensure the prescription details on topical administration medication records are verified and signed by two registered nurses. Ref: 5.2.2
	Response by registered person detailing the actions taken: Staff Nurses have been reminded to sign all topical administration records and have them countersigned by a second appropriate person within the Home. Consideration has been given to the installation of a kardex and MAR system for the administration of external preparations and creams

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

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