



The **Regulation** and
Quality Improvement
Authority

Unannounced Follow Up Care Inspection Report 4 February 2020



The Glebe Care Centre

Type of Service: Nursing Home

Address: 12 Glebe Road, Carnmoney, Newtownabbey, BT36 6UW

Tel no: 028 9084 8212

Inspector: James Laverty

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 registered nursing home which is registered to provide nursing and residential care for up to 38 persons. Patients are cared for across two floors within the home. The ground floor is also used to accommodate those patients who require care following a brain injury.

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 Dobruszek-McGuigan Application pending</p>
<p>Person in charge at the time of inspection: Christina Dobruszek-McGuigan</p>	<p>Number of registered places: 38</p> <p>The home is approved to provide care on a day basis to 1 person. There shall be a maximum of 5 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</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 4 February 2020 from 10.20 to 18.30 hours.

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

Evidence of good practice was found in relation to staff management, staff communication with patients, the management of behaviours which may be challenging, the dining experience of patients and the notification of incidents to RQIA.

One new area for improvement was highlighted in relation to the provision of activities; one area for improvement in regard to monthly monitoring reports was carried forward to be reviewed at the next care inspection.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. No negative comments concerning nursing care or service delivery were expressed by patients during the inspection.

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	*1	1

*The total number of areas for improvement includes one area for improvement under regulation which has been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Christina Dobruszek-McGuigan, Manager, Chris Walsh, Operations Manager, and Nuala Green, Managing Director, 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.

4.2 Action/enforcement taken following the most recent dated 22 October 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 22 October 2019. Enforcement action did result from the findings of this inspection. An action plan was submitted to RQIA following this inspection and its progress was considered during this most recent inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received, for example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined and/or discussed during the inspection:

- governance records relating to the professional registration of staff
- staff supervision/appraisal matrix
- two patients' care records

- patients' activities records
- a selection of governance audits
- complaints records
- adult safeguarding records
- notifiable incidents to RQIA
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

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

The findings of the inspection were provided to the manager and Managing Director at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

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 13 (7) Stated: First time	The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.	Met
	Action taken as confirmed during the inspection: Review of the environment confirmed that this area for improvement was met. It was noted that cleaning schedules for domestic staff should be updated to include cleaning the underside of wall mounted hand sanitisers and paper towel dispensers; the manager agreed to action this.	
Area for improvement 2 Ref: Regulation 14 (4) Stated: First time	The registered person shall ensure that there is a robust system in place which ensures/demonstrates that patients are not placed at risk of harm or abuse. Any alleged safeguarding incidents should also be responded to and managed in a robust and effective manner at all times.	Met

	<p>Action taken as confirmed during the inspection: Discussion with the manager (and with appropriate Health and Social Care Trust staff prior to the inspection) provided assurance that this area for improvement had been met. The manager displayed a thorough understanding of when and how to manage potential safeguarding incidents.</p>	
<p>Area for improvement 3 Ref: Regulation 29 Stated: First time</p>	<p>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.</p> <p>Action taken as confirmed during the inspection: The completion of monthly monitoring reports is considered further in section 6.6.</p> <p>This area for improvement has been carried forward to be reviewed at the next care inspection.</p>	<p>Carried forward to the next care inspection</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1 Ref: Standard 12 Stated: Second time</p>	<p>The registered person shall ensure that all mealtimes are managed in such a way as to promote a person centred and compassionate dining experience for patients at all times. This relates to those deficits referenced in the body of this report.</p> <p>Action taken as confirmed during the inspection: The dining experience of patients is discussed further in section 6.5.</p>	<p>Met</p>

<p>Area for improvement 2</p> <p>Ref: Standard 30</p> <p>Stated: First time</p>	<p>The registered person shall ensure that food thickening agents are stored in a secure and safe manner at all times.</p> <hr/> <p>Action taken as confirmed during the inspection: Observation of the environment confirmed that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 43</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the areas relating to the environment identified in the report are addressed.</p> <p>A detailed refurbishment action plan with firm timescales for improvement should be forwarded to RQIA along with completed QIP.</p> <hr/> <p>Action taken as confirmed during the inspection: The internal environment is discussed further in section 6.3. Observation of the environment evidenced that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 18</p> <p>Stated: First time</p>	<p>The registered person shall ensure the following in regard to the provision of care to patients who require the use of restrictive practices, specifically the use of enhanced and/or 'one to one' supervision by staff:</p> <ul style="list-style-type: none"> • a comprehensive and person centred care plan which clearly outlines the nature, necessity and duration of the intervention, including how the intervention is to be kept under regular review • a contemporaneous record of all relevant meetings/discussions with the multiprofessional team, patient and/or patient representative • accurate and contemporaneous completion of any associated supplementary care records relating to supervision of the patient <hr/> <p>Action taken as confirmed during the inspection: This area for improvement is considered in section 6.5.</p>	<p>Met</p>

<p>Area for improvement 5</p> <p>Ref: Standard 17</p> <p>Stated: First time</p>	<p>The registered person shall ensure the following in regard to the provision of care to patients who may present with behaviours which staff find challenging:</p> <ul style="list-style-type: none"> • a comprehensive and person centred care plan which clearly and meaningfully outlines those interventions which are required to effectively meet the patient's need when presenting with behaviours which challenge 	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>This area for improvement is considered in section 6.5.</p>		
<p>Area for improvement 6</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a robust system of audits is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. Such governance audits shall be completed in accordance with legislative requirements, minimum standards and current best practice, specifically: care record audits.</p>	<p>Me</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager and review of care record audits evidenced that this area for improvement was met.</p>		
<p>Area for improvement 7</p> <p>Ref: Standard 14.13</p> <p>Stated: First time</p>	<p>The registered person shall ensure that where any service is facilitated within the home (such as, but not limited to, hairdressing, chiropody or visiting retailers) the person providing the service and the patient or a member of staff of the home signs the treatment record or receipt to verify the treatment or goods provided and the associated cost to each patient.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager/home administrator and review of finance records evidenced that this area for improvement was met.</p>		

<p>Area for improvement 8</p> <p>Ref: Standard 14.26</p> <p>Stated: First time</p>	<p>The registered person shall ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager/home administrator and review of finance records evidenced that this area for improvement was met. The manager agreed to confirm via email to RQIA following the inspection that any remaining patient property records would be appropriately updated.</p>		
<p>Area for improvement 9</p> <p>Ref: Standard 14.25</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a reconciliation of patients' personal monies, the comfort fund and any related bank accounts are carried out and signed and dated by two people at least quarterly.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager/home administrator and review of finance records evidenced that this area for improvement was met.</p>		
<p>Area for improvement 10</p> <p>Ref: Standard 2.8</p> <p>Stated: First time</p>	<p>The registered person shall ensure that patients or their representatives are advised of the up to date fee arrangements which constitute a change to each patients' individual written agreement with the home. Individual written agreements should be kept up to date with any change to the patient's agreement agreed in writing by the patient or their representative.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Discussion with the manager/home administrator and review of finance records evidenced that this area for improvement was met.</p>		

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

Upon arrival to the home we were greeted by the manager; the entrance area was neat, tidy and fresh smelling. The majority of patients on the ground floor were observed relaxing either within the main lounge or their own bedroom.

Staffing levels within the home were discussed and reviewed with the manager who confirmed that staffing levels were planned and kept under review to ensure that the needs of patients were met. No concerns in relation to staffing levels were expressed by patients or staff during the inspection.

We were told by staff that they received mandatory training to ensure they knew how to provide the right care. All staff stated that they felt that their mandatory training provided them with the skills and knowledge to effectively care for patients within the home. Staff described the support they received from the manager in highly positive terms. Staff told us:

- “The manager’s door is always open.”
- “I’ve had more direction/goals from Tina (manager) than I’ve ever had in this post.”

Feedback from an agency member of staff confirmed that they had been provided with a thorough induction at the start of their first shift within the home; they told us “I couldn’t have been more welcomed” and that they were given a detailed update on each patient under their care.

We also discussed staff training with regard to the management of actual or potential aggression (MAPA). The manager provided assurance during and following the inspection that MAPA training for staff is a priority; the manager also confirmed that she is due to undertake training in this area and will become responsible for training staff directly. This will be reviewed at the next care inspection.

The way in which staff are supported in their roles was considered. Feedback from the manager confirmed that a system was in place in regard to staff supervision and appraisal. However, it was noted that since coming into post, the manager had discovered that this aspect of staff management had been ineffectively managed. The manager confirmed that supporting staff by means of appraisal/supervision is now a priority; this will be reviewed at the next care inspection.

It was noted that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). A sample of both nursing and care staff registration were checked and found to be up to date.

Governance arrangements were in place to ensure that all staff attend adult safeguarding training and have sufficient awareness of the home’s adult safeguarding policy to help ensure that it is embedded into practice. The manager updated us in relation to adult safeguarding incidents which had been notified to RQIA prior to the inspection and remained ongoing; it was noted that such incidents had been managed appropriately by the current manager. Similarly, feedback from staff evidenced a good understanding of how to recognise and report any potential safeguarding incidents. One staff member told us that the manager “is absolutely brilliant ... if you see a concern, you need to bring a statement to (the manager) immediately.”

All staff who were spoken with displayed a well-developed understanding of how to promote the human rights of patients to whom they were delivering care. Staff spoke passionately about recognising and valuing each patient as an individual while promoting their independence as far as possible. One staff member stated “These (patients) ... I adore them.” This approach to upholding the rights of patients is commended.

An inspection of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. It was positive to note that the ground floor lounge within the brain injury unit has been refurbished and redecorated since the previous care inspection. This lounge was observed to be spacious, well maintained and free from clutter. Patients generally appeared relaxed in this part of the home and engaged spontaneously with staff that assisted/monitored them while relaxing/dining there.

In addition, there is also a ‘Quiet Room’ located on the ground floor. The use of this room was discussed with the manager and it was agreed that further thought should be given to developing this area for the comfort and stimulation of patients; this will be reviewed at the next care inspection.

Discussion with kitchen staff highlighted that some scheduled refurbishment and repairs are pending; this was confirmed with the manager who agreed to inform RQIA should these works be unduly delayed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff management and staff communication with patients.

Areas for improvement

No areas for improvement were highlighted.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Staff told the inspector that there was effective communication at the commencement of each shift which allowed them to discuss and review the ongoing needs of patients.

Staff who were spoken with stated that that if they had any concerns, they could raise these with their line manager and/or the manager.

A review of patients’ care records evidenced that nursing staff regularly engaged with members of the multi-professional team; this included regular contact with professionals such as GPs, tissue viability nurses (TVN), dieticians and speech and language therapists (SALT).

We reviewed the care records for one patient who required staff to use restrictive practice in order to maintain their comfort and wellbeing. A comprehensive and person centred care plan was in place which clearly outlined the nature, necessity and duration of the intervention, including how the intervention was to be kept under regular review. Supplementary care records also clearly evidenced any discussions with the patient’s next of kin and/or multiprofessional team. Feedback from staff and the manager did highlight some confusion as to the role and responsibilities of domiciliary agency staff who were providing care to the patient. This was discussed with the manager who agreed to review the matter with the relevant domiciliary agency so as to avoid any further confusion. This will be reviewed at the next care inspection.

The care records for another patient who may exhibit behaviours which staff could find challenging were also reviewed. The patient’s care plan was comprehensive and detailed providing staff with practical direction as to potential: triggers, presentations and staff responses. This approach is commended. In addition, feedback from staff evidenced that they had a good understanding of how to manage such behaviours in a manner which aimed at de-escalating the situation in a patient centred way.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the management of behaviours which may be challenging.

Areas for improvement

No areas for improvement were highlighted.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff interactions with patients were observed to be compassionate, timely and caring. All patients were positive in their comments regarding the staffs’ ability to deliver care and respond to their needs and/or requests for assistance.

Feedback received from several patients during the inspection included the following comments:

- “It’s very good here.”
- “The staff have a good attitude.”
- “I haven’t a complaint in the world – the staff treat me well.”

We also observed the dining experience of patients within the home. Staff displayed a good understanding of patient's dietary needs, likes and dislikes. Patients appeared happy with the meals they were provided and were assisted throughout the mealtime in a respectful and dignified manner by staff.

During the inspection an activity organiser was observed engaging with patients who reside on the first floor. The manager confirmed that the home's activity organiser does not work with patients on the ground floor. Feedback from the manager confirmed that the provision of stimulating and person centred activities to patients within the brain injury unit lies primarily with care staff. Also, review of activity records for ground floor patients was noted to require improvement. An area for improvement was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the dining experience of patients.

Areas for improvement

One area for improvement was made in regard to activities provision within the brain injury unit,

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities and confirmed that there were good working relationships within the home. Staff also stated that management was responsive to any suggestions or concerns raised.

Discussion with the manager evidenced that the home was operating within its registered categories of care. The manager agreed to keep RQIA appropriately updated in regard to one identified patient whose care needs were being reviewed.

The manager advised that the current registration certificate needed to be updated; it was agreed that an updated certificate would be issued as soon as possible.

Discussion with the manager and a review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives. Review of available monthly monitoring reports highlighted that further improvement was needed to ensure that thorough and robust action plans are consistently included. This was discussed with the manager and responsible individual during and following the inspection. An area for improvement has been carried forward and will be reviewed at the next care inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the notification of incidents to RQIA.

Areas for improvement

One area for improvement has been carried forward and will be reviewed at the next care inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 Dobruszek-McGuigan, Manager, Chris Walsh, Operations Manager, and Nuala Green, Managing Director, 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

<p>Area for improvement 1</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: 22 October 2019</p>	<p>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.</p>
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Ref: 6.1 and 6.6.

Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 17 March 2020</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>
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Ref: 6.5

Response by registered person detailing the actions taken:
An activity programme is in place regarding the provision of activities in the home. The activity coordinator has been completing activities over both floors in the home. In addition to this staff have also been undertaking activities with the residents as appropriate.

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



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