



Unannounced Care Inspection Report

15 April 2019



The Glebe Care Centre

Type of Service: Nursing Home

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

Tel no: 028 9084 8212

Inspector: James Lavery

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.

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: Angelica Giurcanos – Acting – No application required</p> <p>It was noted on inspection that Angelica Giurcanos is no longer in post. Sam Warren is the newly appointed manager effective from 16 April 2019 – registration pending.</p>
<p>Person in charge at the time of inspection: Sam Warren</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 8 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: 28 (of which one patient was in hospital on the day of inspection)</p>

4.0 Inspection summary

An unannounced inspection took place on 15 April 2019 from 09.00 to 17.00 hours.

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 Care Standards for Nursing Homes 2015.

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

The term 'patients' is used to describe those living in The Glebe Care Centre which provides both nursing and residential care.

Evidence of good practice was found in relation to communication between staff, mandatory training, wound care, the provision of occupational therapy and collaboration with the multi-professional team. Further areas of good practice were also noted in regard to quality assurance audits.

One area for improvement under regulation was identified in relation to management of the external maintenance store.

Four areas for improvement under the standards were identified in relation to the internal environment, staff induction records, planned activities and the dining experience of patients.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in the home and in their interactions with others including staff.

Comments received from patients, people who visit them and/or professionals and staff during and after the inspection, are included in the main body of this report.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	*4

*The total number of areas for improvement includes one standard which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Sam Warren, manager, and Christopher Walsh, operations manager, 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 inspection dated 29 November 2018

The most recent inspection of the home was an unannounced finance inspection. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this 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:

- staff training records for the period 2018/19
- accident and incident records
- four patients' care records including relevant supplementary repositioning/wound care 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 operations manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 29 November 2018

The most recent inspection of the home was an unannounced finance inspection. The completed QIP was returned and approved by the finance inspector. This QIP will be validated by the finance inspector at the next finance inspection.

6.2 Review of areas for improvement from the last care inspection dated 31 July 2018

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 14 (2) (a) (c) Stated: First time	The registered persons must ensure that all cleaning chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health at all times.	Met
	Action taken as confirmed during the inspection: Observation of the internal environment confirmed that COSHH regulations had been consistently adhered to.	
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that all medicines are stored safely and securely within the home at all times.	Met
	Action taken as confirmed during the inspection: Observation of the internal environment evidenced that all medicines were stored safely.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 44 Stated: First time	The registered person shall ensure that all bathrooms within the home are safe, well maintained and remain suitable for their stated purpose.	Met
	Action taken as confirmed during the inspection: All communal bathrooms viewed during the inspection were noted to be safe and well maintained for their stated purpose.	

<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all supplementary repositioning records are completed in a legible, accurate, contemporaneous and consistent manner at all times.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The repositioning records for one patient were reviewed. These had been completed in keeping with best practice standards. Further observations relating to repositioning care are referenced in section 6.5.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 39</p> <p>Stated: First time</p>	<p>The registered person shall ensure that all newly appointed staff complete a structured orientation and induction programme and that such records are retained and made available for inspection.</p>	<p>Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of selection and recruitment records for one staff member, which includes any induction records, highlighted that the induction record was not available. Feedback from the operations manager provided assurance that the staff member had undergone and completed their induction.</p> <p>This area for improvement has not been met and is stated for a second time.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 38</p> <p>Stated: First time</p>	<p>The registered person shall ensure that staff are recruited and employed in accordance with relevant statutory employment legislation and mandatory requirement. This relates specifically to the need for obtaining two written references, one of which is from the applicant's present or most recent employer. An explanatory note should be made within the applicant's recruitment records if alternative references have had to be obtained.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Review of selection and recruitment records for one staff member provided assurance that this area for improvement had been met.</p>		

6.3 Inspection findings

6.4 Is care safe?

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

Staffing levels within the home were reviewed with the manager. The manager confirmed that staffing levels were planned and kept under review to ensure that the needs of patients were met. We asked patients and their visitors about staffing levels and none expressed any concern. Despite a number of recent changes in senior management within the home, one staff member told the inspector that the regular presence of a registered nurse alongside senior care staff on the ground floor now provided a greater level of support and oversight to patient care. The staff member also went on to state that the newly appointed manager was “always approachable.”

A review of the staffing rota provided assurance that rostered staffing levels were regularly met and that the staffing skill mix was in keeping with the Care Standards for Nursing Homes, April 2015.

Discussion with both the manager and staff provided assurance that staff were effectively supported by the manager through informal conversation and a process of bi-annual supervision and annual appraisal. Staff spoke positively about working within the home and exhibited a sense of pride in regard to the care they provided patients. One staff member told the inspector “We all get on really well as a team.” Another staff member commented “My job is really enjoyable.”

A review of governance records provided assurance that all notifiable incidents had been reported to the Regulation and Quality Improvement Authority (RQIA) as required. It was further 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).

Staff confirmed that they received regular mandatory training to ensure they knew how to provide the right care. Due to the complex nature of some patients’ care needs, it was noted that staff are required on occasion to manage behaviours which they may find challenging, particularly on the ground floor. Feedback from staff indicated that they were appropriately trained in Managing Actual and Potential Aggression (MAPA); staff informed the inspector that there was a “good debrief after incidents with patients ... really, really good.” The manager confirmed following the inspection that there was 100 per cent compliance among ground floor staff with regard to MAPA training.

The inspector looked round a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas etc. Patients’ bedrooms, lounges and dining rooms were found to be warm, comfortable clean and tidy. However, it was noted that the interior décor of the home was tired in appearance. It was further highlighted to the manager that several radiator covers were in poor repair, some communal bathrooms lacked adequate signage and an identified external garden feature was damaged. It was agreed with the manager that refurbishment of the internal and external environment for the benefit of patients was required. An area for improvement was made.

It was noted that works were ongoing within the ground floor for the provision of a kitchenette. This additional provision was discussed with the home's occupational therapist (O.T.) who stated that this facility would greatly enhance ongoing rehabilitation for identified patients. A variation application to approve this change to the internal environment has been submitted to RQIA. Progress of this application was discussed with both the manager and operations manager.

While reviewing the external grounds, the inspector noted that a maintenance store had been left unsecured and unsupervised. As this store was in close proximity to an area used by patients it posed a potential risk when left unlocked and unsupervised. An area for improvement was made.

We also saw that fire safety measures were in place to ensure patients, staff and visitors to the home were safe.

Some deficits with regards to the delivery of care in compliance with infection, prevention and control best practice standards were noted. For instance, some signage within the home was unlaminated; an identified linen store was disorganised with some items poorly stored; a laundry skip for used linen was kept within one corridor adjacent to fresh linen, and one shower chair was noted to be rusted. This was discussed with the manager who confirmed before completion of the inspection, that all such deficits had or would be addressed and that professional supervision of staff would occur with a focus on embedding best IPC standards into practice.

Discussion with the manager and review of records confirmed that on at least a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Following this review an action plan was devised to address any identified deficits. This information was also reviewed as part of the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

The management of adult safeguarding within the home was discussed with the manager and operations manager. It was confirmed that this adult safeguarding is an integral component of mandatory training for all staff. Feedback from staff throughout the inspection confirmed that they possessed an effective understanding of how to recognise and respond to potential safeguarding incidents. A number of safeguarding referrals which had been reported by the home since the previous inspection were discussed and it was confirmed that they had been managed appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between staff and mandatory training.

Areas for improvement

One area for improvement under regulation was identified in regard to management of the maintenance store. One new area under the standards was highlighted in relation to the internal environment.

	Regulations	Standards
Total numb of areas for improvement	1	1

6.5 Is care effective?

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

Presently, the ground floor largely facilitates the provision of a Brain Injury Unit (BIU) alongside a number of other patients within the home. Discussion with staff and the operations manager evidenced that nursing/care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' conditions and that they were encouraged to contribute to the handover meeting. One staff member who spoke with the inspector stated "Communication is no problem whatsoever." Feedback from staff also highlighted that they are invited to attend a weekly multi-professional team meeting within the home; the purpose of this meeting is to discuss and review care provision to identified patients within the home. This practice is commended.

During the inspection, we met with the home's occupational therapist. The O.T. works from Monday to Friday exclusively with patients who have acquired a brain injury and are accommodated on the ground floor. The focus of this service is on patient rehabilitation and promoting their independence. It was positive to note that the service also aims at facilitating the eventual discharge of some patients back into their homes, where possible. The O.T. confirmed that this has already been achieved in part for some patients within the home. This is commended.

Review of care records evidenced multi-disciplinary working and collaboration with professionals such as GPs, tissue viability nurses (TVN) dieticians and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also found. Care records also evidenced that a range of validated risk assessments were used and informed the care planning process.

The provision of wound care for one patient was reviewed. It was noted that person centred and holistic care plans were in place. It was also noted that TVN involvement was clearly documented.

The care records for one patient who required regular assistance with repositioning were also reviewed. While the records evidenced that such assistance was generally given in adherence to the prescribed repositioning regimen, there were some instances when this was not achieved. This was discussed with the manager who agreed to focus on this specific aspect of care by means of a daily 'walkabout' the home, regular care record auditing and discussing the matter at a general staff meeting scheduled for 18 April 2019. This will be reviewed at a future care inspection.

Review of the care record for one patient who required, on occasion, close and frequent supervision confirmed that detailed care plans were in place which clearly outlined the appropriateness of this arrangement together with the manner in which these checks should be conducted by staff while promoting the patient's human rights. However, it was noted that some of the paperwork which staff were using was not in keeping with best practice standards. It was also noted that although written consent had been obtained for some aspects of the patient's care, it had not been obtained for this specific intervention. This was discussed with the manager and operations manager who confirmed following the inspection that newly developed 'Consultation on prescription of care' and 'Consent on prescription of care' documentation would be in place for all patients, as appropriate, by 15 May 2019. The need to ensure that staff document their supervision of patients in a suitable and legible manner at all times was stressed.

During the observation of lunch, which is referenced further in section 6.6, two staff were observed repositioning a wheelchair bound patient in an unsafe manner. The need to ensure that staff only use safe manual handling techniques at all times was highlighted. All other manual handling transfers observed during the inspection were noted to be appropriate.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to wound care, the provision of occupational therapy and collaboration with the multiprofessional team.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 were observed engaging with patients and their relatives in a friendly and spontaneous manner throughout the inspection. All of the patients who were spoken with throughout the inspection spoke highly of the ability and commitment of staff in relation to patient care. Patients’ comments included the following remarks:

- “The staff are just amazing.”
- “I really love it here ... you couldn’t find better.”
- “I trust all the girls in here.”

The majority of patients’ bedrooms, were personalised with photographs, pictures and personal items. On the ground floor, patients were observed relaxing and engaging with staff either within their bedrooms, communal areas or at a designated smoking area at the rear of the building. The presence of a ‘therapy dog’ also appeared to be a source of pleasure for several patients. The majority of patients on the first floor were observed socialising within a communal lounge while others chose to remain within their bedrooms.

Patients unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with other patients and with staff.

Feedback from both the manager, operations manager and staff highlighted that there is currently no full time activities therapist working within the home. It was noted that the O.T. had ben tasked with working alongside nursing and care staff to help facilitate activities for patients throughout the home. The need to ensure that a person centred and structured activities programme is in place which fosters the emotional and social wellbeing of patients was highlighted. One staff member also commented that a “lack of activities will build up aggression” in those patients who require focused and purposeful stimulation. An area for improvement was made.

The provision of the lunch time meal on the first floor was observed. Although a wall mounted menu was on display, it was not presented in a manner which some patients would find easy to read. Patients were able to choose from a selection of three main courses:

- a baked potato with cheese or beans
- scrambled eggs and toast
- carrot and coriander soup

All of the meals which were served to patients were well presented and appeared appetising. Patients were observed enjoying the meals which they were provided with. However, some aspects of staff interaction with one another and with patients during the provision of lunch was not person centred or focused on promoting a positive dining experience. It was also noted that a radio within the dining room was not appropriately monitored by staff throughout the lunch time period. These weaknesses were discussed with the manager and an area of improvement was made.

There was clear evidence of regular communication with patients and relatives with regard to service delivery. Although signage was in place which indicated that 'Morning community meetings' for patients were facilitated, feedback from staff indicated that these were poorly attended by patients. Staff stated that as a result, these meetings were less frequent. Signage was also noted indicating that relatives' meetings have been scheduled throughout May to September 2019.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the personalisation of patients' bedrooms.

Areas for improvement

Two areas for improvement were identified in relation to the provision of activities and the dining experience of patients.

	Regulations	Standards
Total number of areas for improvement	0	2

6.7 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.

Feedback from staff and the manager provided assurance that they had a good awareness of their roles and responsibilities. This also evidenced that there was a clear organisational structure within the home.

The home's categories of care were reviewed with the manager. It was noted that while the home is currently registered to provide residential care to eight named residents, there are now only six such residents being cared for. It was agreed with the manager that an amended certificate of registration would be provided and that RQIA should be informed of any further reduction in the number of individuals being cared for in this category.

Patients spoken with confirmed that they were aware of the home's complaints procedure and that they were confident the home's management would address any concerns raised by them appropriately. It was also confirmed with the manager that any expression of dissatisfaction should be recorded appropriately as a complaint.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in relation to pressure sores, weight loss and distressed reactions.

In addition, monthly quality monitoring reports completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005 were also reviewed. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality and human rights legislation and recognising and responding to the diverse needs of patients. Staff demonstrated a good understanding of these principles of care.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to quality assurance audits.

Areas for improvement

No areas for improvement were identified during the 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 Sam Warren, manager, and Chris Walsh, operations manager, 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 14 (2) (a)(c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all parts of the home to which patients have access are free from hazards to their safety and that all unnecessary risks to their health and safety are eliminated as far as is reasonably practicable. This relates specifically to management of the external maintenance store.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: External store is locked by maintenance person and this is checked as part of the managers daily walkabout around the units and external premises.</p>

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 39</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all newly appointed staff complete a structured orientation and induction programme and that such records are retained and made available for inspection.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken: Full audit completed of all HR files- induction paperwork is now filed in personel files once completed and signed off my registered manager.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 10 June 2019</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> <p>Ref: 6.4.</p>
	<p>Response by registered person detailing the actions taken: The radiator covers are an areas of ongoing review and repair. Signage has been put in place on all bedrooms doors at the time of return of the QIP and early feedback is that this has been a positive development for residents in terms of homliness. There is additional signage ordered and lounge and dining room furniture has been installed in line with ongoing refurb plans. Garden furniture and outside spaces have been improved with new furntiture and planting. A refurb plan has been issued to the care inspector in line with the Area for Improvement.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: 13 May 2019</p>	<p>The registered person shall ensure that there is a structured and person centred programme of activities for patients throughout the home which provides them with positive and meaningful outcomes.</p> <p>Ref: 6.6</p>
<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</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>Ref: 6.6.</p> <p>Response by registered person detailing the actions taken: Full time activities co-ordinator is due to recommence in post week commencing 10/06/19. An internal advert (fixed term) was placed following the inspection on 15/06/19 however no staff availed of the opportunity.</p> <p>Response by registered person detailing the actions taken: Manager now attends mealtimes on both units on a weekly basis to ensure quality of care provided and mealtimes are person centred and enjoyable for all residents.</p>

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



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