

# Inspection Report

**Name of Service:** Glencarron

**Provider:** Glencarron Homes Ltd

**Date of Inspection:** 7 October 2024

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Glencarron Homes Ltd
<b>Responsible Individuals:</b>	Mr Brendan Liddy Mrs Bridget Liddy
<b>Registered Manager:</b>	Ms Oonagh Grant
<p>This home is a registered nursing home which provides general nursing care for up to 44 patients under and over 65 years of age, including patients living with dementia or a learning disability. Glencarron also provides care for patients living with a physical disability other than sensory impairment over and under the age of 65 years.</p> <p>Of the 44 patients accommodated there shall be:</p> <p>A maximum of 4 persons assessed as requiring dementia care and a maximum of 10 persons in the categories of physical disability other than sensory impairment over and under the age of 65 years.</p> <p>There shall be a maximum of 2 named persons within the home living with a learning disability.</p> <p>The home is also approved to provide care on a day basis for a maximum of 9 persons or a maximum of 5 persons of high dependency.</p> <p>Patients' bedrooms are located over two floors and patients have access to communal lounges and dining rooms.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 7 October 2024 from 10.00 am to 5.45 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 27 February 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

Evidence of good practice was found throughout the inspection in relation to staffing and the patient dining experience. There were examples of good practice found in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and maintaining good working relationships.

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. Refer to Section 3.2 for more details.

As a result of this inspection six areas for improvement were assessed as having been addressed by the provider; one area for improvement has been stated again and two areas for improvement in relation to medicines management have been carried forward for review at a future inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

### **3.0 The inspection**

#### **3.1 How we Inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

#### **3.2 What people told us about the service**

Patients commented positively about staff. They confirmed that staff offered them choices throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. They told us that they could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit and where to take their meals; some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices. A patient said, "All's ok. The staff are nice and I'm being looked after well".

A patients' relative spoken with said, "Mum is receiving very good care. The staff are attentive. I'm able to speak with the home manager if I have a concern and find her very supportive and understanding".

Following the inspection no patient, patient representative or staff questionnaires were received within the timescale specified.

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing. The manager confirmed the home is actively recruiting an activity therapist.

Patients told us that they felt well cared for; they enjoyed the food and that staff were kind. They said that the manager and staff are approachable and they felt if they had any issues that they could discuss them and were confident any concerns would be addressed accordingly.

Staff spoken with said there was good teamwork and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were satisfactory apart from when there was an unavoidable absence. Patient call systems were noted to be answered promptly by staff.

Staff told us they were aware of individual patient's wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy, dignity and respect.

#### 3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss patients' care, to ensure good communication across the team about any changes in patients' needs. Staff were knowledgeable about individual patient's needs, their daily routine, wishes and preferences; and were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known.

It was observed that staff respected patients' privacy and dignity by offering personal care to patients discreetly and discussing patients' care in a confidential manner. Staff were also observed offering patients choice on how and where they spent their day or how they wanted to engage socially with others.

The dining experience was an opportunity for patients to socialise. The menu was displayed in both written and pictorial form, outlining what was available at each meal time for patients and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. It was noted that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. However, it was noted that no group or individual activities took place during the inspection as an integral part of the care process. Patients spent the day in their rooms or in the lounge with the television on. There was no evidence that the

programme of activities was displayed in a suitable format and in an appropriate location to advise patients of forthcoming events or of the provision of regular activities for patients by staff in the absence of an activity therapist. An area for improvement has been identified.

### 3.3.3 Management of Care Records

Patients' needs were assessed by a nurse 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 person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

At times some patients may require the use of equipment that could be considered restrictive such as bedrails to keep them safe. It was established that safe systems were in place to safeguard patients and manage this aspect of care.

Records regarding patients at risk of falls were reviewed and evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the patient. Referrals were made to other healthcare professionals as needed. Appropriate risk assessments and evaluations had been completed.

Neurological observation charts for patients who had unwitnessed falls were reviewed. It was noted that for an identified patient, the incident had been appropriately reported to the relevant bodies, however, observations were not recorded for a period of at least twenty-four hours in line with post fall protocol and current best practice. An area for improvement was identified.

### 3.3.4 Quality and Management of Patients' Environment

The home was clean, tidy and well maintained. Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place.

On review of the home's environment, inappropriate storage of items and equipment was observed in bathrooms. Continence products and some items that had the potential to be shared communally, such as hoist slings were seen to be stored in bathrooms. An area for improvement was identified for a second time.

Fire safety measures were in place and well managed to ensure the home was safe to live in, work in and visit. Corridors and fire exits were clear from clutter and obstruction.

Personal protective equipment, for example, face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Oonagh Grant has been the manager in this home since 21 December 2011.

Patients, relatives and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance. Staff confirmed that there were good working relationships.

Review of a sample of records evidenced that the manager had processes in place to monitor the quality of care and other services provided to patients. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and the quality of services provided by the home.

Patients and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

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 not all notified to RQIA when required. An area for improvement was identified.

Patient, patients' representative and staff meetings were held on a regular basis. Minutes of these meetings were available.

Cards and letters of compliment and thanks were received by the home. Comments were shared with staff. This is good practice.

### 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3*	3*

\* the total number of areas for improvement includes one that has been stated for a second time and two which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Oonagh Grant, Registered Manager, 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	
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	The registered person shall review the management of thickening agents to ensure that records of prescribing and administration are accurately maintained. The recommended consistency level should be recorded on all records.  Ref: 5.1
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 13 (1) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing 7 October 2024	The registered person shall ensure that all unwitnessed falls are managed in line with current best practice and that neurological observations are recorded for a period of at least twenty-four hours in line with post fall protocol.  Ref: 3.3.3
	<b>Response by registered person detailing the actions taken:</b> The Post falls pathway document has been made available to all staff. Falls are all reported to GP or OOH service and directions followed. Regardless of outcome neurological observations will be maintained for a twenty four hour period or until resident attends for medical attention
<b>Area for Improvement 3</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing 7 October 2024	The registered person shall ensure that all notifiable events are reported to RQIA in a timely manner.  Ref: 3.3.5
	<b>Response by registered person detailing the actions taken:</b> Prompt and appropriate post falls documentation will be left for the attention of the manager, in order that all necessary follow up can be completed with timely onward referral to relevant disciplines.



<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect (25 May 2023)	The registered person shall ensure that maximum, minimum and current temperatures of medicine refrigerators are accurately monitored and recorded and that a record is maintained of the corrective action taken if the temperature is outside the recommended range.  Ref: 5.1
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for Improvement 2</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> Second time  <b>To be completed by:</b> 7 October 2024	The registered person shall ensure that items and equipment is appropriately stored within the home; this relates to inappropriate storage within identified communal bathrooms, in order to adhere to best IPC practice and to minimise the risk of infection.  The manager should ensure bathrooms are monitored to ensure that they remain clutter free.  Ref: 3.3.4
	<b>Response by registered person detailing the actions taken:</b> A more robust audit system has been compiled to acknowledge the importance of maintaining an environment which adheres to best IPC practice. These audits will become embedded in the culture of audit within Glencarron to act as an aide memoir in the provision of exemplary infection control.
<b>Area for Improvement 3</b>  <b>Ref:</b> Standard 11.1  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing 7 October 2024	The registered person shall ensure a daily programme of meaningful activities is provided based on patients' identified needs, life experiences and interests.  Ref: 3.3.2
	<b>Response by registered person detailing the actions taken:</b> Staff have been appointed on a daily basis (Mon - Fri ) to provide an individualised activities programme for our residents. We will continue to do our best to recruit for this position on a permanent basis.

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





The Regulation and  
Quality Improvement  
Authority

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