



# Unannounced Care Inspection Report 9 October 2018



## Glencarron

**Type of Service: Nursing Home**  
**Address: 6 Creamery Road, Crossmaglen, BT35 9AD**  
**Tel no: 028 3086 8366**  
**Inspector: Dermot Walsh**

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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.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 44 persons.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Glencarron Homes Ltd  <b>Responsible Individual(s):</b> Bridget Liddy Brendan Liddy	<b>Registered Manager:</b> Oonagh Grant
<b>Person in charge at the time of inspection:</b> Veronica Cosgrove (Clinical Sister)	<b>Date manager registered:</b> 21 December 2011
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	<b>Number of registered places:</b> 44 comprising:  Of the 44 residents accommodated there shall be a maximum of 4 assessed as NH-DE and a maximum of 10 in categories NH-PH & NH-PH(E). 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.

### 4.0 Inspection summary

An unannounced inspection took place on 9 October 2018 from 10.00 to 16.15 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 care 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 compassionate care delivery, teamwork and with maintaining good working relations. Other areas of good practice were found in relation to staffing arrangements, staff recruitment, adult safeguarding, the home's environment, risk assessment and governance.

Areas requiring improvement were identified under standards in relation to hand hygiene, monitoring of pressure mattress settings, an identified patient's nutritional records and recording of repositioning. An area for improvement in relation to compliance with control of substances hazardous to health has been stated for the second time.

Patients described living in the home in positive terms. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

There was evidence that the management team listened to and valued patients and their representatives and took account of the views of patients.

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
<b>Total number of areas for improvement</b>	*1	4

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

Details of the Quality Improvement Plan (QIP) were discussed with Veronica Cosgrove, Clinical Sister, 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 19 April 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 19 April 2018. 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

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

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 10 patients and six staff. A poster was displayed at a staffing area in the home inviting staff to respond to an online questionnaire. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten questionnaires for patients and 10 for patients' representatives were left for distribution.

A poster indicating that the inspection was taking place was displayed at the entrance to the home and invited visitors/relatives to speak with the inspector. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients, relatives and families, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- one staff recruitment and induction file
- three patient care records
- three patients' daily care charts including bowel management, food and fluid intake charts and reposition charts
- patient care record audits
- complaints record
- compliments received
- 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 met or not met.

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

## **6.0 The inspection**

### **6.1 Review of areas for improvement from the most recent inspection dated 19 April 2018**

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 19 April 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
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19 (1) (a) Schedule 3 (1) (a) (b) (3) (K)  <b>Stated:</b> Second time	The registered person must ensure that record keeping in relation to wound management is maintained appropriately in accordance with legislative requirements, minimum standards and professional guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of one patient's wound care records evidenced that this area for improvement has now been met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14 (2) (a)(c)  <b>Stated:</b> First time	The registered person shall ensure that the hazards identified on inspection are managed effectively to ensure patient safety.	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> During a review of the environment, chemicals were observed accessible to patients in two identified areas in the home.  This area for improvement has not been met and has been stated for a second time.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4 Criteria (4)  <b>Stated:</b> First time	The registered person shall ensure that recommendations made from other health care professionals are clearly documented within the patients' care plans and implemented or the reason for non-compliance with the recommendation documented.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of two patients' care records evidenced that the appropriate care plans had been updated to reflect the recommendations of other health care professionals. Contemporaneous records evidenced that the recommendations had been adhered to.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 21 Criteria (11)  <b>Stated:</b> First time	The registered person should ensure that bowel function, reflective of the Bristol Stool Chart is recorded on admission as a baseline measurement and thereafter in the patients' daily records.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the clinical sister and a review of records evidenced that bowel management was now recorded reflective of the Bristol Stool Score.	

### 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.**

The clinical sister confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. Discussion with patients and staff evidenced that there were no concerns regarding staffing levels. Staff consulted confirmed that staffing levels met the assessed needs of the patients.

Review of one staff recruitment file evidenced that this was maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work.



An adult safeguarding champion had been identified and had attended training pertinent to the role. The clinical sister confirmed that there were no ongoing safeguarding concerns relating to the home.

A review of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. Stairwells were also observed to be clear.

As previously stated, during a review of the environment, chemicals were observed accessible to patients in two identified areas in the home. This was discussed with the clinical sister and an area for improvement made in this regard has been stated for a second time.

Poor hand hygiene practice of a staff member was observed during the inspection. The quality monitoring of hand hygiene practice was discussed with the clinical sister and identified as an area for improvement.

A pressure mattress was observed to be incorrectly set for the patient. The system to monitor pressure settings on mattresses was discussed with the clinical sister and identified as an area for improvement.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing arrangements, staff recruitment, adult safeguarding and the home’s environment.

**Areas for improvement**

Areas were identified for improvement under standards in relation to hand hygiene and monitoring pressure mattress settings.

An area for improvement made in relation to patient access to chemicals was stated for the second time.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

**6.5 Is care effective?**

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

Three patients’ care records were reviewed during the inspection. We reviewed the management of nutrition, pressure management and wound care. Wound care records reviewed evidenced that these had been completed in accordance with best practice. Nutritional assessments had been completed appropriately on all records reviewed. However, one identified patient’s nutritional records demonstrated conflicting information in relation to their dietary requirement. This was discussed with the clinical sister and identified as an area for improvement. Food and fluid intake records had been recorded well.



Pressure management risk assessments had been recorded on admission and reviewed as required. Where patients’ skin integrity was assessed as at risk of pressure damage, a care plan had been developed within the patient’s care records to direct care to prevent this from occurring. Although, where a patient required repositioning, the care records reviewed did not identify the frequency of repositioning required. Repositioning records did not consistently evidence the position in which the patient was repositioned to. This was discussed with the clinical sister and identified as an area for improvement.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, general practitioners, tissue viability nurses, speech and language therapists and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the nurse in charge. Staff commented that the home was “well managed” and that the home’s management would, “always try to work with you”.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Patient and representatives spoken with expressed their confidence in raising concerns with the home’s staff/management.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to risk assessment, teamwork and communication between residents, staff and other key stakeholders.

**Areas for improvement**

Areas for improvement were identified under standards in relation to an identified patient’s nutritional records and recording of repositioning.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	2

**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 demonstrated a detailed knowledge of patients’ wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be

compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff were also aware of the requirements regarding patient information and patient confidentiality.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

The serving of lunch was observed in the dining room on the first floor. Patients were seated around tables which had been appropriately set for the meal. Food was served from a heated trolley, placed away from where the patients were eating, when patients were ready to eat or be assisted with their meals. The food served appeared nutritious and appetising. Portions were appropriate for the patients to which the food was served. Staff were observed to encourage patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. A range of drinks were offered to the patients. Staff confirmed that alternatives were made available where patients did not prefer either choice of meal on the menu. Menus were reviewed six monthly and rotated on a four weekly basis. A noticeboard was maintained in the kitchen to ensure that patients' dietary and nutritional requirements were met. Patients appeared to enjoy the mealtime experience.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

"To all Glencarron staff, thank you all for making my year here so enjoyable. I will miss you all."

"Thank you for all the great care given to our mum."

"Many thanks to all the staff for your care of our father ... ."

Consultation with 10 patients individually, and with others in smaller groups, confirmed that living in Glencarron was a positive experience. Ten patient questionnaires were left for completion. One was returned within the timeframe. The respondent indicated that they were very satisfied with the service provision in the home.

Patient comments:

"It is very nice here. The food is good and the service is good."

"All is very nice here."

"They [the staff] are very good here. Food's good."

"It's alright here."

"Very nice. Food is nice."

"It is ok here. I am happy enough."

No patient representatives were consulted during the inspection. Ten relative/representative questionnaires were left for completion. Four were returned. All respondents indicated that they were satisfied or very satisfied with the care provision across all four domains. One patient representative comment was as follows:

"I could not ask for better care for my mother. I could not give her this care. It's great to have somewhere safe like this."

Staff were asked to complete an online survey; we had no responses within the timescale specified. Comments from six staff consulted during the inspection included:

- “It’s grand here. I’m as happy as Larry. I love it.”
- “Get great enjoyment out of working here.”
- “Teamwork here is very good.”
- “I love it here.”

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the registered manager for their information and action, as required.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home in maintaining the dignity and privacy of patients and valuing patients and their representatives.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

**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.**

Since the last inspection there has been no change in management arrangements. The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with the clinical sister and staff, and observations confirmed that the home was operating within its registered categories of care.

Review of the home’s complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

We reviewed care plan audits conducted in the home. Care record auditing records included the date the audit was conducted; by whom; identified shortfalls; actions required and by whom. The auditing records also evidenced a review of the action plans to ensure completion.

Discussion with the clinical sister and review of records evidenced that quality monitoring visits were completed on a monthly basis 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.

Discussion with the clinical sister and 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.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

### Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Veronica Cosgrove, Clinical Sister, 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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 14 (2) (a)(c)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that the hazards identified on inspection are managed effectively to ensure patient safety.</p> <p>Ref: 6.2, 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> The lock to the cleaners store was replaced following inspection. Random audits now take place to determine the safe storage of all chemicals when not in use.</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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 46 Criteria (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 9 November 2018</p>	<p>The registered person shall ensure that a system is in place to assure compliance of best practice in hand hygiene.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Induction programmes and training programmes have been reviewed to ensure best instruction and directives for new and existing staff. The Clinical Sister intends to introduce a role model system among staff to identify poor practice and encourage best practice. Hand hygiene audits will be carried out more frequently until management are assured of a consistent approach by all staff.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 45 Criteria (2)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 9 November 2018</p>	<p>The registered person shall ensure that a system is in place to assure pressure mattress settings are monitored to ensure that they are correctly set for the patient.</p> <p>Ref: 6.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> Every weight dependent mattress is now checked on a daily basis to ensure correct calibration and records maintained.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall that the identified patient's nutritional assessments and care plans are reviewed to ensure that they reflect the patient's current needs.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> The patient in question was a re-admission and staff were remiss in updating his file earlier. This was of specific significance since the patient had been under the care of SALT and had advised of particular directions. This has since been rectified.</p>

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 23</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 October 2018</p>	<p>The registered person shall ensure that where a patient requires repositioning, the patient’s care plan will reflect the frequency of the repositioning and the patient’s repositioning records will reflect the position that the patient has been repositioned too.</p> <p>Ref: 6.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Total care charts have since been adapted to include a section identifying a change to position. As with all identified areas for improvement, staff have been made aware of the inspection outcome, requirements to be addressed and the need for continued scrutiny and improvement to performance.</p>

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



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