



# Announced Care Inspection Report 11 September 2020



## 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.

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 nursing home registered to provide nursing care for up to 44 persons.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Glencarron Homes Ltd</p> <p><b>Responsible Individual(s):</b> Brendan Liddy Bridget Liddy</p>	<p><b>Registered Manager and date registered:</b> Oonagh Grant 21 December 2011</p>
<p><b>Person in charge at the time of inspection:</b> Oonagh Grant</p>	<p><b>Number of registered places:</b> 44 Maximum of 4 assessed as NH-DE and a maximum of 10 in categories NH-PH &amp; 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.</p>
<p><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.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 38</p>

### 4.0 Inspection summary

An announced inspection took place on 11 September 2020 from 10.00 to 14.15 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

Following a risk assessment RQIA decided to undertake a remote inspection of this home. The following areas were examined during the inspection:

- staffing
- management arrangements
- governance systems
- infection Prevention and Control
- quality of life for patients
- quality improvement
- nutrition
- safeguarding
- consultation.

Patients consulted spoke positively on living in Glencarron and some of their comments can be found in the main body of the report.

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>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Oonagh Grant, registered manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

#### 5.0 How we inspect

To reduce the risk to patients during the pandemic outbreak, this inspection was carried out remotely. Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- statement of purpose
- service User guide
- a selection of quality assurance audits
- complaints review
- compliments records
- incident and accident review
- minutes of patients'/relatives'/ staff meetings
- activity planner
- three patients' care records.

During the inspection RQIA were able to consult with patients and staff using technology.

Questionnaires were also sent to the manager in advance of the inspection to obtain feedback from patients and patients' representatives and staff. Ten patients' questionnaires; ten patients' relatives/representatives questionnaires and ten staff questionnaires were left for distribution. A poster was provided to the manager to display and distribute to patients' representatives with details of the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

Following a review of the information submitted to RQIA, the inspection took place remotely, using technology, with Oonagh Grant, registered manager.

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 previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 3 February 2020. There were no areas for improvement identified as a result of the last care inspection.

### 6.2 Inspection findings

#### Staffing

At the commencement of the inspection the manager outlined the staffing arrangements in the home over a 24 hour period. Discussion with patients and a review of replies within returned patient and patients' representatives' questionnaires did not identify any concerns with the staffing arrangements. Patients were complimentary in regards to the care that they received. There were no concerns raised regarding staffing arrangements following consultation with seven staff during the inspection. Staff also confirmed that each staff member was aware of the responsibilities their role involved.

Staff told us that since the outbreak of the Covid – 19 pandemic, the methods in which they received training had changed. Staff were complimentary in relation to training sessions they engaged in by way of a video link. Smaller training sessions were also conducted face to face by the manager and clinical lead while complying with social distancing. In-house training was conducted on infection prevention and control, adult safeguarding, moving and handling and palliative care. The manager utilised a matrix to oversee the compliance with staff's training and this was reviewed on a monthly basis to ensure that all staff received the appropriate mandatory training depending on their role.

The manager confirmed that staff's appraisals and staff's competencies had last been completed toward the end of 2019. A plan had been put in place to ensure an annual review of each. An individual personnel file was in place for each staff member containing completed assessments/appraisals. The manager confirmed that a matrix was maintained to ensure each staff member had their annual appraisal and competencies updated.

Discussion with staff confirmed that when a new staff member commenced employment in the home, they were allocated a minimum of 36 induction hours where they would work alongside a more experienced member of staff to learn about the policies and procedures in the home. The new staff member would be working in a supernumerary capacity; not included within the normal staffing levels. If required, the staff member would be afforded additional induction hours in order to achieve an acceptable level of knowledge.

#### Management arrangements

The management arrangements had not changed since the last inspection. There was a clear organisational structure in the home. In the absence of the manager, staff were aware of who to contact should any clinical issues arise and who to contact with any

environmental/maintenance concerns. Out of hours contact details were available for the general practitioner, adult safeguarding team, acute care at home team and for Covid – 19 testing.

## **Governance systems**

Prior to the inspection we requested copies of audits to be sent to RQIA for review. We reviewed the incidences of falls in the home for June and July 2020. The number of falls recorded was low. There were two falls in June and none for July 2020. Auditing records indicated that patients had been monitored appropriately following the fall; the relevant care records had been updated and the relevant persons had been notified.

Complaints in the home were monitored monthly. We reviewed the most recent complaint received in the home. An acknowledgement of the receipt of the complaint had been sent within 24 hours and a timely written response to the complaint had been sent to the complainant's satisfaction. The manager confirmed that a complaints book was maintained to record the specific details of any complaint including any investigations conducted. Any learning from complaints would be shared with staff during staff meetings or shift handovers.

Patients' care records had been audited monthly. Auditing records evidenced the actions taken in response to any deficits identified. The manager confirmed that each patient in the home had an identified named nurse responsible for updating the patient's care records. Where required, an action plan identifying deficits within the care records would be given to the named nurse for follow up.

Wound care audits were completed. Auditing records reviewed the consistency of skin care management and wound dressings taking into account pressure assessments, nutrition and the completion of wound care records.

Monthly monitoring visits were completed by the provider. An action plan was developed and discussed with the manager as a result of the visit where required. The action plan would be reviewed at the next visit. Monthly monitoring reports were completed and available for review.

An annual quality assurance survey was conducted involving patients' representatives to establish their opinions on the service provision and care delivery in the home. The results of the survey, when available, will be collated and reproduced into a report.

## **Infection Prevention and Control**

Hand hygiene audits had been conducted regularly with staff. The seven step hand washing process and the five moments for hand hygiene were reviewed as part of the audit. Auditing records were signed by the auditor and the person who was audited.

Environmental infection control audits were completed monthly. Auditing records identified the actions taken to ensure cleanliness in the home. The manager confirmed that spot checks were conducted to ensure compliance with staffs' use of personal protective equipment (PPE), however, this was not recorded. The manager provided an assurance that this will now be recorded.

The manager confirmed that when staff presented to the home, their temperatures were checked; shoes were removed, staff sanitised their hands, changed into uniforms and PPE was

donned before any contact with patients. There were identified areas in the home for the donning and doffing of PPE. Staff confirmed that they had received training on the use of PPE remotely via video link and onsite from the clinical lead nurse.

The manager confirmed that all staffs' and patients' temperatures were checked twice a day as a means to quickly identify if any were developing symptoms. As part of the regional testing programme, all staff were tested for Covid – 19 on a two weekly basis and all patients on a four weekly basis.

Visiting professionals were also required to wear PPE on entering the building. Their temperatures were checked and, where possible, patients were brought to the visiting professional in an identified area to minimise the risk of contamination in the home. If this was not appropriate, the visiting professional would see the patient in the privacy of their own bedroom. Where possible, meetings with other health professionals were conducted remotely using technology.

Patients' visitors were facilitated with outdoor visits following the completion of a risk assessment. Social distancing was promoted during the outdoor visits and the visiting area was fully decontaminated following each visit. A clear screen was positioned between the patient and visitor as a means of additional protection. Visitors' temperatures would be checked and names, addresses and contact details recorded for tracing purposes. Visitors were required to wear PPE provided by the home. Designated visiting times had been identified.

Due to Wi-Fi constraints, it was not possible to take a virtual walkaround the home during this inspection.

### **Quality of life for patients**

Patients we consulted with were very complimentary of the care they received and their engagements with staff in the home. One told us the staff were "Wonderful" and another commented, "Everyone is nice in here."

The manager informed us that a new activities person had been employed recently and was currently looking at expanding the current range of activities on offer. A weekly activities board was maintained in the home identifying planned daily activities. Activities included bingo, baking, arts and crafts, movie time, exercises, massage, group discussion, board games, bowls, storytelling, music and ball games. The manager confirmed that one to one activities were also conducted in patients' bedrooms. A daily record was maintained recording the activity completed and who participated or was invited to participate.

### **Quality improvement**

The manager confirmed one recent quality improvement in the home was in relation to a full review of patients' medications with their identified general practitioner. The review addressed the continued need for the medication and reviewed the potential of unwanted side effects of the medication for the patient.

The process of ordering medications had also been reviewed to ensure that there was a minimum supply maintained in the home and medicines which were not required were not ordered as a routine stock order. This would reduce the waste of medicines and enhance the medicines storage space in the home.

## **Nutrition**

We reviewed three patients' nutritional care records. Each patient had a nutritional assessment completed monthly or more often as required. There was evidence of a dental review within each of the patients' care records. Nutritional care plans were in place which reflected the nutritional assessments and the recommendations of other health professionals such as the speech and language therapist and/or the dietician.

We reviewed the menus served in the home. The menus included a varied range of meals allowing for choice of meal. Patients' food likes and dislikes were identified on admission and shared with kitchen staff. The manager confirmed that the quality of food was reviewed through discussions with patients and through the completion of the annual survey. Meal times allowed for adequate gaps between each meal.

## **Safeguarding**

The manager confirmed that there were no ongoing safeguarding concerns relating to the home. A plan was already in place to ensure that all staff had completed online training with reference to the Mental Capacity Act (NI) 2016. The manager was the nominated adult safeguarding champion in the home and had attended training pertinent to this role. The manager was aware of her responsibility to complete an annual position report in relation to any decisions made regarding adult safeguarding in the home. Where a restrictive practice was deemed necessary; risk assessments were completed to ensure safe use, consent was obtained and a care plan developed. The care plans were reviewed monthly to verify if the restrictive practice remained necessary.

## **Consultation**

The home was notified of the planned inspection 28 days prior to the inspection date and an inspection pack was sent to the home at this time. This included an inspection poster which was displayed in the home and informed patients and their representatives of contact telephone numbers and/or an email address that they could contact to provide feedback on the care provision in the home. We did not receive any feedback.

We also provided the home with questionnaires to be distributed to patients, patients' representatives and staff. Staff also had the opportunity to complete an online survey.

Consultation with four patients individually confirmed that living in Glencarron was a positive experience. Six patients' questionnaires were returned. All respondents indicated that they were either satisfied or very satisfied that the home provided safe, effective and compassionate care and that the home was well led.

Patient comments:

- "It's a good home this."
- "They do their best for you here."
- "Everybody's nice here."
- "I get regular phone calls with my family and can chat to my niece through the window."

No patient representatives were available for consultation during the inspection. Four patients' representatives' questionnaires were returned. All respondents indicated that they were either



satisfied or very satisfied that the care in the home provided safe, effective and compassionate care and that the home was well led. One commented, “The staff are very caring at all times. ... condition has improved so much since arriving at Glencarron. We are so relieved to have her here.”

Staff had the option of completing an online survey or completing a questionnaire; we received one questionnaire. The staff member was satisfied that the home was providing safe, effective and compassionate care and that the home was well led. Comments from seven staff consulted during the inspection included:

- “We are all very close here.”
- “The work was scary at the beginning but over time I learned to live with it. Good teamwork here.”
- “We work in a very happy environment.”
- “The work can be stressful but the morale is very good.”
- “We all get on here.”
- “We are happy 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 manager for their information and action, as required.

Cards and letters of compliment and thanks were retained in the home and shared with staff. Some of the comments recorded included:

- (extract from a local newspaper) “Glencarron Nursing Home is a place which treats people with dignity and care which is often beyond what could reasonably be expected.”
- “Thank you to all the wonderful staff of the Glencarron Nursing Home for the care you have taken of ... during these extremely difficult times.”
- “We the family of ... would like to express our sincere gratitude to each and every one of you who cared for our father so diligently and compassionately.”
- “To the amazing staff at Glencarron. Thank you for all your kindness, dedication and hard work looking after our ... .”

### Areas for improvement

No areas for improvement were identified during the inspection.

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

## 6.3 Conclusion

Overall the feedback from the inspection was positive. There were stable management arrangements in the home and patients spoke positively in relation to the care they received. There were no concerns raised regarding the staffing arrangements and governance records demonstrated how management kept an oversight on areas such as infection prevention and control and staff’s training and development. Patients’ nutritional care records had been maintained appropriately. No areas for improvement were identified.

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.



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