# Unannounced Care Inspection Report
# 19 April 2018

# Glencarron

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

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

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|---|---|
| **Organisation/Registered Provider:**<br>Glencarron Homes Ltd<br><br>**Responsible Individual(s):**<br>Bridget Liddy<br>Brendan Liddy | **Registered Manager:**<br>Oonagh Grant |
| **Person in charge at the time of inspection:**<br>Oonagh Grant | **Date manager registered:**<br>Oonagh Grant – 21 December 2011 |
| **Categories of care:**<br>Nursing Home (NH)<br>I – Old age not falling within any other category.<br>DE – Dementia.<br>PH – Physical disability other than sensory impairment.<br>PH(E) - Physical disability other than sensory impairment – over 65 years. | **Number of registered places:**<br>44 comprising:<br><br>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 19 April 2018 from 09.55 to 18.00 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 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 staffing arrangements, recruitment practice, monitoring registration status of staff, accident management, the home's general environment, risk assessment, teamwork, staff handover, governance risk management, incident management, maintaining good working relationships and in relation to the culture and ethos of the home in relation to dignity and privacy.

An area requiring improvement under regulation was identified in relation to identified hazards in the home. Areas requiring improvement under standards were identified in relation to adherence to recommendations from other health professionals and the recording of bowel management. An area for improvement made under regulation in relation to wound care 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.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

## 4.1 Inspection outcome

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | *2 | 2 |

*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 Oonagh Grant, registered 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 17 July 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 17 July 2017. There were no further actions required to be taken following the most recent 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 we met with eight patients, six staff and one patients' representative. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to complete an online survey.

A poster indicating that the inspection was taking place was displayed at the reception desk of the home and invited visitors/relatives to speak with the inspector.

The following records were examined during the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- three patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- RQIA registration certificate.

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

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

## 6.0 The inspection

## 6.1 Review of areas for improvement from the most recent inspection dated 17 July 2017

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

## 6.2 Review of areas for improvement from the last care inspection dated 9 May 2017

| **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**<br><br>**Ref:** Regulation 12 (1) (a) (b)<br><br>**Stated:** First time | The registered person must ensure good practice guidance is adhered to with regard to post falls management. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>A review of accident records evidenced that this area for improvement is now met. | |

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| **Area for improvement 2**<br><br>**Ref:** Regulation 19 (1) (a) Schedule 3 (1) (a) (b) (3) (K)<br><br>**Stated:** First 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. | **Partially met** |
| | **Action taken as confirmed during the inspection**:<br>A review of wound records evidenced shortfalls in relation to the regular measuring of wound dimensions and full compliance with another healthcare professional's recommendations.<br><br>This area for improvement has been partially 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** |
| **Area for improvement 1**<br><br>**Ref**: Standard 39<br><br>**Stated:** First time | The registered person should ensure that a completion statement is added to the end of the induction booklet to confirm that the induction has been completed. This statement should also include date and signature from the new employee and the staff member responsible for inducting the new employee with oversight from the registered manager. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>A review of induction documentation confirmed that an appropriate completion statement has now been completed with evidence of oversight from the registered manager. | |
| **Area for improvement 2**<br><br>**Ref:** Standard 46 Criteria (1) (2)<br><br>**Stated:** First time | The registered person should ensure that all commodes in the home are reviewed and those commodes found to be rusting are repaired/replaced to ensure that they can be cleaned effectively. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>During a review of the environment, commodes were observed to have been cleaned effectively. The registered manager confirmed that commodes had been replaced since the last care inspection. | |

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| **Area for improvement 3**<br><br>**Ref**: Standard 12 Criteria (27)<br><br>**Stated:** First time | The registered person should ensure that any nutritional supplements consumed by patients are recorded within food/fluid intake charts. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>A review of one patient's food/fluid intake chart confirmed that the nutritional supplements consumed had been recorded. | |
| **Area for improvement 4**<br><br>**Ref:** Standard 4 Criteria (5) (6) (11)<br><br>**Stated:** First time | The registered person should ensure that care records evidence patients' and/or their representatives' involvement in the assessment/planning process to meet patients' care needs. If this is not possible the reason should be clearly documented within the care record. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>A review of one patient care record evidenced that new documentation had been developed and completed to evidence patient/representative involvement in the patient's care planning. | |
| **Area for improvement 5**<br><br>**Ref**: Standard 35<br><br>**Stated:** First time | The registered person should ensure that actions identified to address shortfalls in care record audits are reviewed to ensure completion and this is evidenced within auditing documentation. | **Met** |
| | **Action taken as confirmed during the inspection**:<br>Discussion with the registered manager and review of auditing records evidenced review of action plans contained within. | |

## 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 registered manager 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. Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Glencarron. One relative spoken with did not raise any concerns regarding staff or staffing levels. Staff consulted confirmed that staffing levels met the assessed needs of the patients. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

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. A review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing Midwifery Council and care staff registration with the Northern Ireland Social Care Council.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. The registered manager confirmed that recent training had been conducted in relation to dementia care, Parkinson's disease, palliative care, moving and handling and on epilepsy management. Training records were maintained in accordance with Standard 39 of The Nursing Homes Care Standards 2015. Observation of the delivery of care evidenced that training had been embedded into practice, for example, the moving and handling of patients.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager and nurse manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report. An adult safeguarding champion had been identified and had undertaken relevant training pertinent to the role. The home's specific policy on safeguarding had been updated in October 2015 and due for review in October 2018.

Review of three patients' care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. Assessments informed the care planning process.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails. There was also evidence of consultation with relevant persons. Care plans were in place for the management of bedrails.

We reviewed accidents/incidents records from the last care inspection dated 18 May 2017 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation. Accident records indicated that the appropriate actions had been conducted in response to the accident. An area for improvement made in this regard at the previous care inspection has been met.

A review of the home's environment was undertaken and included observations of an identified selection 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. Compliance with infection prevention and control (IPC) had been well maintained. Isolated IPC issues were managed during the inspection.

During the review of the environment, identified hazards with the potential to cause harm to patients were observed accessible to patients in two identified rooms. This was discussed with the registered manager and identified under regulation as an area for improvement.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing arrangements, recruitment practice, monitoring registration status of staff, accident management and the home's general environment.

**Areas for improvement**

An area for improvement was identified under regulation in relation to identified hazards in the home.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 1 | 0 |

**6.5 Is care effective?**

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

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process. There was evidence that risk assessments informed the care planning process. The registered manager described developmental work in progress to review all care plans within the home. We reviewed the management of wound care, nutrition, patients' weights, pressure relief and restrictive practice. As previously stated, shortfalls were identified in relation to wound care. This was in respect of wound dimensions not measured and recorded regularly and another healthcare professional's recommendations not fully complied with. An area for improvement in this regard has been stated for a second time. Daily records were maintained to evidence the delivery of care.

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. However, in addition to the example above, a second patient's care records did not demonstrate the recommendations made from another health professional. This was discussed with the registered manager and identified as an area for improvement under standards.

Supplementary care charts such as reposition and food and fluid intake records evidenced that contemporaneous records were maintained in accordance with best practice guidance, care standards and legislation. However, bowel management had not been recorded reflective of the

Bristol Stool Score or other scale. This was discussed with the registered manager and identified as an area for improvement under standards.

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.

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

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to risk assessment, teamwork and staff handover.

**Areas for improvement**

Areas for improvement under care standards were made in relation to the adherence of recommendations made by other healthcare professionals and the recording of bowel management.

An area for improvement under regulation in relation to wound care has been stated for the second time.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 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.**

We arrived in the home at 09.55 hours and were greeted by staff who were helpful and attentive. Patients were enjoying a late breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with eight patients individually and with others in smaller groups, confirmed that patients were afforded choice, privacy, dignity and respect. Staff were observed chatting with patients when assisting them. Staff were observed to knock on patients' bedroom doors before entering and kept them closed when providing personal care. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

The serving of lunch was observed in the dining room on the first floor. Lunch commenced at 12:30 hours. Patients were seated around tables which had been appropriately set for the meal. Food was served directly from a heated trolley 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. The mealtime was well supervised. Staff were organised to assist patients in the patients' preferred dining area. 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. Patients appeared to enjoy the mealtime experience. Staff were knowledgeable in respect of patients' dietary requirements.

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

- "A big thank you to you and all for making a hard time so much easier."
- "Thank you for your kindness to … over the final years."

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Six staff members were consulted to determine their views on the quality of care within Glencarron.

Some staff comments were as follows:

- "I really enjoy it here."
- "Everybody here is very helpful."
- "The management in the home are very accommodating."
- "I love it here."
- "I am very happy here. Everybody here helps me."

A poster was displayed at a staffing area inviting staff to respond to an on-line questionnaire. No responses were received at the time of writing this report.

Eight patients were consulted during the inspection.

Some patient comments were as follows:

- "It is grand here. You couldn't ask for better."
- "Grand. Couldn't get better."
- "We are well cared for in the home."
- "The home is fantastic. The food is good and the staff are great."
- "This place is the best."

Ten patient questionnaires were left in the home for completion. None of the patient questionnaires were returned.

One patient representative was consulted during the inspection. Ten relative questionnaires were left in the home for completion. Five of the relative questionnaires were returned within the timeframe for inclusion in the report.

Some patient representative comments were as follows:

- "This home is great. They are lovely people here. Staff are very friendly."
- "Great friendly staff, ready to help and always a welcome smile for you."
- "I am more than happy with the care given to my mother 110%. Thank you to all the staff. It's just like a big family."
- "Excellent care. Very relaxed and pleasant place to visit. Staff are so caring and kind. Very pleased with everything."

Three questionnaires were returned which did not indicate if the respondents were patients or patients' representatives. All three respondents indicated that they were very satisfied with the care across all four domains.

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 relation to dignity and privacy.

**Areas for improvement**

No areas for improvement were identified during the inspection.

| | Regulations | Standards |
|---|---|---|
| **Total number of areas for improvement** | 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.**

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within their registered categories of care.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients.

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. The complaints procedure was displayed on a relatives' noticeboard at the entrance to the home.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices, care records and the environment. In addition robust measures were also in place to provide the registered manager with an overview of the management of infections.

Discussion with the registered manager 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 the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by the responsible individual in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

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 risk management, incident management and maintaining good working relationships.

**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 Oonagh Grant, registered 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

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|---|---|
| **Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005** | |
| **Area for improvement 1**<br><br>**Ref:** Regulation 19 (1) (a) Schedule 3 (1) (a) (b) (3) (K)<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>30 April 2018 | 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.<br><br>Ref: Sections 6.2 and 6.5 |
| | **Response by registered person detailing the actions taken:**<br>All Nursing Staff have been issued with both a verbal and written step by step approach for the uniform and effective management of wounds. |
| **Area for improvement 2**<br><br>**Ref:** Regulation 14 (2) (a)(c)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>With immediate effect | The registered person shall ensure that the hazards identified on inspection are managed effectively to ensure patient safety.<br><br>Ref: Section 6.4 |
| | **Response by registered person detailing the actions taken:**<br>The identified store cupboard has been secured with a numbered locking system and treatment rooms have had notices displayed reminding staff that doors need to be locked at all times. |
| **Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015** | |
| **Area for improvement 1**<br><br>**Ref**: Standard 4 Criteria (4)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>5 May 2018 | 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.<br><br>Ref: Section 6.5 |
| | **Response by registered person detailing the actions taken:**<br>At a recent staff meeting nurses were again advised of their responsibility in relation to accurate and timely record keeping including guidance from members of the MDT.This responsibility will in future be incorporated into the relevant care plans. |
| **Area for improvement 2**<br><br>**Ref**: Standard 21 Criteria (11)<br><br>**Stated:** 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.<br><br>Ref: Section 6.5 |

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| **To be completed by:**<br>31 May 2018 | **Response by registered person detailing the actions taken:**<br>Reference to Bristol Stool Chart has now been added to all future Activity of Living admission assessments.Nurses will transcribe daily bowel assessment types from bowel record book to patients individual daily evaluation. |

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


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