The Regulation and Quality Improvement Authority

Inspection Report

23 March 2023

Glencarron

Type of service: Nursing Home
Address: 6 Creamery Road, Crossmaglen, BT35 9AD
Telephone number: 028 3086 8366

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

1.0 Service information

Organisation/Registered Provider: Glencarron Homes Ltd **Responsible Individuals:** Mrs Bridget Liddy Mr Brendan Liddy	**Registered Manager:** Ms Oonagh Grant **Date registered:** 21 December 2011
Person in charge at the time of inspection: Ms Oonagh Grant, Manager	**Number of registered places:** 44 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) There shall be a maximum of 2 named persons within NH-LD 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.
Categories of care: Nursing Home (NH) DE – Dementia I – Old age not falling within any other category PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years LD – Learning disability.	**Number of patients accommodated in the nursing home on the day of this inspection:** 43
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 44 patients. Patients' bedrooms are located over two floors and patients have access to communal lounges and dining rooms.	

2.0 Inspection summary

An unannounced inspection took place on 23 March 2023 from 10.20 am to 5.15 pm by a care inspector.

The inspection assessed progress since the last inspection and sought 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 care delivery, care plans and maintaining good working relationships.

Three areas for improvement have been identified regarding the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS) staff training, the use of correction fluid on duty rotas and the provision of staff, patient and patient relative/representative meetings.

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

The home was found to be clean, tidy, well-lit, comfortably warm and free from malodour.

Staffing arrangements were found to be satisfactory and reviewed regularly by the manager in order to meet the assessed needs of the patients. Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Patients were observed to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The lunchtime meal was served to patients by staff in an unhurried, relaxed manner.

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.

Comments received from patients, relatives and staff are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience. Addressing the areas for improvement will further enhance the quality of care and service in the home.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service 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 registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Ms Oonagh Grant, Manager and the management team at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with eight patients individually, small groups of patients in the lounges and dining rooms, two patients' relatives and ten staff. Patients told us that they felt well cared for, enjoyed the food and that staff were attentive. Staff said that the manager was approachable and that they felt well supported in their role.

A patients' relative spoken with commented: "I'm impressed with the choice of food offered. The care is good and the staff are approachable. I have no issues.''

Following the inspection we received six questionnaires. One questionnaire was completed by a patient, three questionnaires were completed by patients' relatives and two returned questionnaires did not indicate if they were completed by a patient or their representative. All questionnaires indicated that they were very satisfied that the care provided was safe, effective, compassionate and well led. No staff questionnaires were received within the timescale specified. Comments received were shared with the manager, post inspection.

A patient spoken with commented: "I'm very happy here. Staff are good and attentive and the food is good. I've no issues at all but if I had I would speak to the manager and would be confident it would be resolved.''

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

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 24 November 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time	The registered person shall ensure that chemicals are not accessible to patients in any area of the home in keeping with COSHH legislation. Ref: 5.2.3	**Met**
	Action taken as confirmed during the inspection: Observation of the environment evidenced that this area for improvement was met.	
Area for improvement 2 **Ref:** Regulation 13 (7) **Stated:** First time	The registered person shall ensure that staff remain bare below the elbow within areas where care is provided to allow for effective hand hygiene. Ref: 5.2.3	**Met**
	Action taken as confirmed during the inspection: Observation of staff on duty evidenced that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 13 **Stated:** First time	The registered person shall ensure that all staff employed in the home completes training on Deprivation of Liberty. Ref: 5.2.1	**Not met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met and will be stated for a second time. Refer to section 5.2.1 for details	

Area for improvement 2 **Ref:** Standard 4 Criteria (4) **Stated:** First time	The registered person shall ensure that patients' care plans are updated to reflect the recommendations of other healthcare professionals and that this information is communicated to all relevant staff. Ref: 5.2.2	**Met**
	Action taken as confirmed during the inspection: Review of a selection of care plans evidenced that this area for improvement was met.	
Area for improvement 3 **Ref:** Standard 4 Criteria (9) **Stated:** First time	The registered person shall ensure that when a patient is deemed at risk of pressure damage, a care plan is in place to guide staff in the pressure management plan which should include frequency of repositioning where appropriate. Contemporaneous records of repositioning must be maintained at the time of repositioning and include evidence of skin checks. Ref: 5.2.2	**Met**
	Action taken as confirmed during the inspection: Review of care plan records and repositioning records evidenced that this area for improvement was met.	
Area for improvement 4 **Ref:** Standard 12 **Stated:** First time	The registered person shall ensure that the mealtime menu offers a choice of meal for patients in the home. This will also include patients who require to have their meals modified. Ref: 5.2.2	**Met**
	Observation of the patient dining experience evidenced that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff said there was good team work and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were generally satisfactory apart from when there was an unavoidable absence. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this. Review of the staff duty rota evidenced that the records were altered using white correction fluid. This does not adhere to record keeping best practice guidance. An area for improvement was identified.

The provision of mandatory training was discussed with staff. 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. Review of staff training records for 2023 evidenced that staff had attended training regarding moving and handling, dysphagia awareness and fire safety. The manager confirmed that training has been arranged for staff to attend regarding adult safeguarding and control of substances hazardous to health (COSHH).

We discussed the Mental Health Capacity Act – Deprivation of Liberty Safeguards (DoLS) training. The manager confirmed that not all staff had completed the training. This area for improvement was not met and will be stated for a second time.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. Ms Oonagh Grant, Manager was identified as the appointed safeguarding champion for the home.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

Staff told us they were aware of individual patients' 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.

5.2.2 Care Delivery and Record Keeping

Patients' needs were assessed 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' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Care records regarding pressure relief 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. Appropriate risk assessments and evaluations had been completed.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and alarm mats. Care plans were in place for the management of bed rails. In order that people feel respected, included and involved in their care, it is important that where choice and control is restricted due to risk assessment understanding, restrictions are carried out sensitively to comply with legislation.

Neurological observation charts for patients who had unwitnessed falls were reviewed. It was noted that they were recorded for a period of twenty-four hours in line with post fall protocol and current best practice.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the Dietician.

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable about individual patients' needs including, for example, their daily routine preferences. Staff respected patients' privacy and spoke to them with respect. It was also observed that staff discussed patients' care in a confidential manner and offered personal care to patients discreetly.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

We observed the serving of the lunchtime meal in the dining room on the first floor. The daily menu was displayed showing patients what is available at each mealtime. Staff had made an effort to ensure patients were comfortable throughout their meal. A choice of meal was offered and the food was attractively presented and smelled appetising. The food appeared nutritious and was covered on transfer whilst being taken to patients' rooms. There was a variety of drinks available. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Adequate numbers of staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal.

5.2.3 Management of the Environment and Infection Prevention and Control

We observed the internal environment of the home and noted that the home was comfortably warm and clean throughout.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished 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. Equipment used by patients such as hoists were seen to be clean and well maintained.

The treatment rooms and cleaning store were observed to be appropriately locked.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

Observation of practice and discussion with staff confirmed that effective arrangements were in place for the use of Personal Protective Equipment (PPE).

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.

Visiting arrangements were managed in line with DOH and IPC guidance. There were systems in place to manage the risk of infection and to ensure that guidelines regarding the current COVID-19 pandemic were adhered to.

5.2.4 Quality of Life for Patients

It was observed that staff offered choices to patients throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. Patients 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.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The programme of activities was displayed on the notice board advising patients of forthcoming events. Patients' needs were met through a range of individual and group activities such as playing bingo, cooking, watching movies and arts and crafts.

Staff recognised the importance of maintaining good communication between patients and their relatives, especially whilst visiting is disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

Since the last inspection there had been a change in the management arrangements. Following a temporary reassignment, Ms Oonagh Grant, the registered manager has returned to her post in Glencarron. Discussion with staff, patients and their representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

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 the categories of care registered.

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

Review of staff appraisal records evidenced that they had commenced for 2023. The manager advised they are ongoing and that arrangements are in place that all staff members have regular supervision and an appraisal completed this year.

Discussion with the 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 care plans, wounds, falls and infection prevention and control (IPC) practices.

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 notified, if required, to residents' next of kin and their care manager and to RQIA.

It is required that the home is visited each month by a representative of the registered provider to consult with patients, their representatives and staff and to examine all areas of the running of the home. These reports are made available for review by patients, their representatives, the Trust and RQIA. The reports of these visits showed that where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

Review of complaints evidenced that systems were in place to ensure that complaints were managed appropriately. Patients and their relatives said that they knew who to approach if they had a complaint.

Records of patient, patient relative/representative and staff meetings were unavailable to view. This was discussed with the manager who confirmed that meetings had not been undertaken during the pandemic. An area for improvement was identified.

Staff confirmed that there were good working relationships and commented positively about the manager and described her as supportive and approachable.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with **The Care Standards for Nursing Homes (April 2015)**

	Regulations	Standards
Total number of Areas for Improvement	0	3*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Oonagh Grant, Registered Manager and the management team 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 Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 **Ref:** Standard 13 **Stated:** Second time **To be completed:** Immediate action required	The registered person shall ensure that all staff employed in the home completes training on Deprivation of Liberty. Ref: 5.2.1
	Response by registered person detailing the actions taken: 72% of staff have completed DOLs training to date with remaining 28% due completion by end of May.
Area for improvement 2 **Ref**: Standard 37.5 **Stated:** First time **To be completed:** Immediate action required	The registered person shall ensure that staff duty rotas are not altered using white correction fluid in order that the previous records can be read in accordance with best practice in record keeping. Ref: 5.2.1
	Response by registered person detailing the actions taken: Correction fluid no longer in use.
Area for improvement 3 **Ref:** Standard 41 **Stated:** First time **To be completed by:** Immediate action required	The registered person shall ensure that staff, patient and patient relative/representative meetings take place on a regular basis and at a minimum quarterly and that records are kept which include: • The date of all meetings; • The names of those attending; • Minutes of discussions; and • Any actions agreed.
	Response by registered person detailing the actions taken: First staff meeting for 2023 held on 24/4/23.Future meetings planned for 18/9/23,11/12/23. Resident relative meetings scheduled for : 29/5/23 25/9/23 4/12/23.

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