



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of Establishment:	Glencarron
Establishment ID No:	1469
Date of Inspection:	24 June 2014
Inspector's Name:	Loretto Fegan
Inspection ID:	18380

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

General Information

Name of Home:	Glencarron
Address:	6 Creamery Road Crossmaglen BT35 9AD
Telephone Number:	028 30868366
E mail Address:	nursemanager@btconnect.com
Registered Organisation/ Registered Provider:	Glencarron Homes Ltd Mrs Bridget Liddy & Mr Brendan Liddy
Registered Manager:	Ms Oonagh Grant
Person in Charge of the Home at the Time of Inspection:	Ms Oonagh Grant
Categories of Care:	NH-DE ,NH-I, NH-PH, NH-PH(E)
Number of Registered Places:	44
Number of Patients Accommodated on Day of Inspection:	42
Scale of Charges (per week):	£581 – Nursing £624 – Physical Disability
Date and Type of Previous Inspection:	23 April 2013, Primary announced care inspection
Date and Time of Inspection:	24 June 2014 12.30 – 17.15 hours
Name of Inspector:	Loretto Fegan

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

1.2 Methods/Process

Specific methods/processes used in this inspection include the following:

- discussion with registered provider
- discussion with the registered nurse manager
- discussion with staff
- discussion with patients individually and to others in groups
- review of a sample of care plans
- review of the complaints, accidents and incidents records
- observation during a tour of the premises
- evaluation and feedback

1.3 Inspection Focus

The main focus of the inspection was to follow-up the progress made in relation to the requirements and recommendations made during the previous inspection on 23 April 2013 and to establish the level of compliance being achieved.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

2.0 Profile of Service

Glencarron Private Nursing home is situated on Creamery Road, close to Crossmaglen village.

The nursing home is owned and operated by Mrs Bridget Liddy & Mr Brendan Liddy.

The registered manager is Ms O Grant.

Accommodation for patients is provided on both floors of the home in single bedrooms, apart from two double bedrooms which are available.

Access to the first floor is via a passenger lift and stairs.

Communal lounge and dining areas are located on both floors of the home.

The home also provides for catering and laundry services on the ground floor.

A number of communal bathroom / shower / sanitary facilities are available throughout the home.

The home is set in a rural location and the garden area at the rear of the home has views overlooking the countryside. Suitable car parking facilities are available at the front of the premises.

The home is registered to provide care for a maximum of 44 persons under the following categories of care:

Nursing Care: I

Nursing Care: DE (4)

Nursing Care: PH (under 65) (1)

3.0 Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Glencarron Private Nursing Home. The inspection was undertaken by Loretto Fegan on 24 June from 12.30 to 17.15 hours.

The inspector was welcomed into the home by Ms O Grant, registered manager who was available throughout the inspection. Verbal feedback of the issues identified during the inspection was given to Mrs B Liddy, registered provider, Ms O Grant, registered manager, members of the management team (Mr S Liddy and Mrs B Magill) and Sister V Cosgrove at the conclusion of the inspection.

During the course of the inspection, the inspector met with patients, staff and a pre-registration nursing student. The inspector observed care practices, examined a selection of records and carried out a general inspection of the nursing home environment, as part of the inspection process.

As a result of the previous inspection conducted on 23 April 2013, three requirements and three recommendations were issued. These were reviewed during this inspection. The inspector evidenced that two requirements and all three recommendations had been fully complied with and one requirement was substantially complied with. Details can be viewed in the section immediately following this summary.

The inspector evidenced that communication between staff and patients reflected that patients were treated courteously and with dignity and respect. All patients spoken with commented positively regarding their care in the home. Those patients who were unable to verbally express their views were observed to be well groomed, appropriately dressed and appeared relaxed and comfortable in their surroundings.

The inspector spoke with four staff on duty, no issues were raised. The inspector also spoke with a pre-registration nursing student on placement in the home, who confirmed that she was well supported in her learning experience.

The inspector examined specific aspects in relation to three patients' care records. These were in the main well recorded, however some areas for improvement were identified. A requirement in relation to care records has been made in addition to the restated requirement.

As part of the inspection process, the inspector observed the general environment in the nursing home. This included viewing twenty bedrooms, three lounges, dining room and bathroom / toilet facilities. The home was warm and comfortable and all areas were maintained to a high standard of hygiene.

Conclusion

The inspector can confirm that at the time of this inspection the delivery of care to patients was evidenced to be of a good standard.

Records examined were in the main well documented.

The home's general environment was well maintained.

One requirement and one recommendation were made as a result of this inspection, in addition to a restated requirement. The requirements and recommendation are detailed throughout the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients, registered provider, registered manager, registered nurses, management team and staff for their assistance and co-operation throughout the inspection process.

4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	15	<p>Ensure the following issues identified in the care records are addressed as follows;</p> <ul style="list-style-type: none"> • ensure the identified bed rail assessments is reviewed and properly scored • ensure the care plan regarding restraint as previously mentioned is updated following the occupational therapist advice • ensure communications from families are appropriately recorded • ensure evaluations of care are meaningful, repetitive statements such as, "continue with care plan" should not be used • ensure all wounds/pressure ulcers are properly described in terms of their grading and size and the dressing regime to be used • ensure all wounds/pressure ulcers have a clear care plan in place to direct the care to be delivered • ensure when a dressing regime changes the reason for change should be clearly documented • ensure there is a separate care 	<p>The inspector examined two care records in relation to bed rail assessments; no issues were identified in relation to review or scoring of the assessment.</p> <p>The inspector examined the care plan in relation to one patient who had been assessed by the occupational therapist with regard to specialist seating. Evidence of the outcome of the assessment was reflected in the patient's care record.</p> <p>All three records examined reflected communication with the patients' representatives.</p> <p>A sample of the daily and monthly evaluations of three patients' care was reviewed by the inspector. In the main, the evaluations were meaningful and reflected measurable responses to care interventions.</p> <p>The care record in relation to one patient's wound care was examined by the inspector. A separate care plan was</p>	Substantially compliant

		<p>plan in place for each wound /pressure ulcer identified.</p>	<p>in place for each wound identified.</p> <p>The wound/pressure ulcer was not consistently described in terms of grade / size and there was ambiguity regarding the current dressing regime used as the care plan and the most recent daily progress (evaluation) record cited different dressing regimes.</p> <p>The aspects of this requirement which were not fully addressed will be stated for a second time.</p>	
2.	12 (1)	<p>Improvements to care records are required to be sustained.</p>	<p>The inspector examined specific aspects in relation to the care records of three patients and can confirm that generally these were maintained to a good standard of record keeping. Ms O Grant, registered manager and Sister V Cosgrove were present during the review of the care records. Ms Grant, registered manager, informed the inspector regarding the care record audit process in place. The inspector reviewed a sample of audits undertaken over the preceding three months and can confirm that satisfactory arrangements are in place with regard to the audit process. There was evidence of action taken to correct any deficits identified.</p>	<p>Compliant</p>

3.	16	<p>Ensure care records always reflect advice provided by health care professionals such as tissue viability specialist nurses (TVN), or the senior occupational therapist. Care should be delivered and planned in conjunction with healthcare professionals.</p>	<p>The inspector examined the care records of three patients who had input from at least one of the following health care professionals; speech and language therapy (SALT), dietician, occupational therapist or tissue viability nurse. The care records reflected that care was planned and delivered in conjunction the health care professionals' advice.</p>	<p>Compliant</p>
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	25.12	Ensure information is placed on the patient/relatives' notice board informing patients and their representatives that copies of the Regulation 29 unannounced visit reports are available on request.	The inspector can confirm that information was placed on the patient/relatives' notice board informing patients and their representatives that copies of the Regulation 29 unannounced visit reports are available on request.	Compliant
2.	30.4	Ensure competency and capability assessments of staff placed in charge of the home in the manager's absence are refreshed at least annually to ensure staff are competent regarding the up to date regional guidance and policies and procedures of the home.	The inspector examined the competency and capability assessments of two registered nurses who take charge of the home in the manager's absence. These were reviewed within the past year and included safeguarding vulnerable adults (SOVA). The registered manager plans to update the template to include regional guidance and policies and procedures of the home in relation to SOVA as a standard question. However, there was sufficient evidence from the "free text " responses provided by the registered nurses and additional evidence such as evaluation of SOVA training to conclude that this part of the assessment took place.	Compliant

3.	16.9	<p>Ensure safeguarding vulnerable adults training informs staff of the local arrangements regarding the action to take should a SOVA incident be reported. Flow charts should be available in the home, which should include the local arrangements of the action to take. Names and numbers of the relevant authorities should also be included.</p>	<p>The inspector reviewed the content of the safeguarding vulnerable adults training. It was confirmed that the training informs staff of the local arrangements regarding the action to take should a SOVA incident be reported. A flow chart which outlines the local arrangements of the action to take in the event of a safeguarding issue arising is available in the home. This includes the names and numbers of the relevant authorities.</p>	Compliant
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4.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Since the previous care inspection on 23 April 2013, RQIA have received nil notifications of safeguarding of vulnerable adult (SOVA) incidents in respect of Glencarron Nursing Home.

5.0 Additional Areas Examined

5.1 Care practices

The inspector observed care practices which included the assistance provided to patients during the lunch time meal. Staff were in attendance and provided the necessary support and assistance to patients during the meal. Communication between staff and patients evidenced that patients were treated courteously and with dignity and respect.

5.2 Patients' views

The inspector spoke with ten patients individually. All commented positively with regard to staff attitude, care provided and the cleanliness of the home. The patients spoken with were also satisfied with the quality of the meals provided in the home. Comments included:

- "love it here"
- "staff awful nice" "food beautiful"
- "delicious food"
- "given choice"

Those patients who were unable to verbally express their views were observed to be well groomed, appropriately dressed and appeared relaxed and comfortable in their surroundings.

5.3 Staffs' views

The inspector spoke with two care assistants and two registered nurses (one registered nurse was the designated sister). No issues were raised by staff. The inspector also spoke with a pre-registration nursing student on placement in the home, who confirmed that she was well supported and facilitated in her learning experience.

5.4 Care Records

The inspector examined specific aspects in relation to the care records of three patients and the following issues were identified for improvement as follows:

- The records evidenced that where a patient was subject to restraint the circumstances were recorded including the nature of the restraint. However in two of the three records examined, the documentation requires updated to evidence that if the patient is unable to consent, then care is provided in the patient's best interest and reflects discussion with the relevant professional and representative stakeholders.
- A care plan regarding the use of a lap strap should be discontinued as the registered manager advised that this was no longer part of the patient's care
- Specific monitoring arrangements should evidence that the use of a lap strap is time-limited. This should be recorded in the care plan and reflected in a daily monitoring chart.

A requirement has been made with regard to the care planning issues identified.

It was also recommended that the home's policies and procedures reflect the arrangements for communicating with the host Trust (Southern HSC Trust), with regard to patients who are funded independently of care management arrangements. This should include in the event of a

safeguarding issue arising or when discussion with relevant professionals / onward reporting of incidents is required.

5.5 General Environment

As part of the inspection process, the inspector observed the general environment in the nursing home. This included viewing twenty bedrooms, three lounges, dining room and bathroom / toilet facilities. The home was warm and comfortable and all areas were maintained to a high standard of hygiene.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs B Liddy, registered provider and Ms O Grant, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

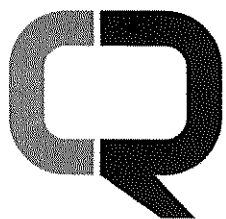
Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Loretto Fegan
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT


Loretto Fegan
Inspector/Quality Reviewer

Date _____



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan
Unannounced Secondary Inspection

Glencarron

24 June 2014



The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs B Liddy, registered provider and Ms O Grant, registered manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements					
This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005					
No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	15	<p>Ensure the following issues identified in the care records are addressed as follows;</p> <ul style="list-style-type: none"> ensure all wounds/pressure ulcers are properly described in terms of their grading and size and the dressing regime to be used ensure all wounds/pressure ulcers have a clear care plan in place to direct the care to be delivered ensure when a dressing regime changes the reason for change should be clearly documented <p>Ref - Section 4, Follow upon Previous Issue</p>	Two	<p>Pressure ulcer prevention + Management is now a priority training area with regular in house sessions throughout the year. External training including T.V.N training has also been sourced. Dressing regimes have been renewed to ensure that care plan is written in accordance with T.V.N Directions. Pressure ulcer policy updated & brought to attention of Staff</p>	From date of inspection
2.	16 (1) & (2)	<p>Ensure the following issues identified in the care records are addressed as follows;</p> <ul style="list-style-type: none"> In circumstances where restraint is used and the patient is unable to consent, the records should evidence that care is provided in the patient's best interest and reflect discussion with the relevant professional and representative stakeholders. Care plans should be discontinued when no longer part of the patient's 	One	<p>Restraint issues of bed rails + lapstraps have all been renewed - Care manager + family have been consulted on use of bed rails in conjunction with staff and bed rail risk assessments. Currently reviewing all use of lapstraps in consultation with relevant patient, NOK or where relevant + Glencarron Staff</p>	From date of inspection

Recommendations					
These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	26	<p>It is recommended that the home's policies and procedures reflect the arrangements for communicating with the host Trust (Southern HSC Trust), with regard to patients who are funded independently of care management arrangements.</p> <p>Ref - Section 5, (5.4)</p>	One	<p>Haurie, consulted with HSE and contracts in Dabry Hill Hospital at Iris been established that Mairi Gavin (Bed Manager) Our Lady of Lourdes - Drogheda will be point of contact for care management of HSE funded patients. SHSET will work in partnership with Mairi Gavin should the need arise as the Trust acknowledges some responsibility (not financial) for HSE patients.</p>	From date of inspection

		<p>care</p> <ul style="list-style-type: none"> • Specific monitoring arrangements should be in place to evidence that the use of a lap strap is time-limited as agreed in the patient's care plan <p>Ref - Section 5, (5.4)</p>	<p>Documentation of care plan audits conducted & Staff made aware of any discrepancies in their record keeping.</p> <p>Any patient who requires the use of a lap strap is on a monitoring form.</p>		
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The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

The Regulation and Quality Improvement Authority
 9th floor
 Riverside Tower
 5 Lanyon Place
 Belfast
 BT1 3BT

Signed: Bridget Lacey

Signed: Donagh Grant

Name: Bridget Lacey
 Registered Provider

Name: DONAGH GRANT
 Registered Manager

Date 22/7/14

Date 22/7/14

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	<u>Ursula Grant</u> <u>Inspector</u>	<u>15/08/2014</u>
Further information requested from provider			