

Unannounced Nursing Home Care Inspection Report 26 April 2016



Glencarron

Address: 6 Creamery Road, Crossmaglen, BT35 9AD

Tel No: 028 3086 8366

Inspector: Dermot Walsh

1.0 Summary

An unannounced inspection of Glencarron took place on 26 April 2016 from 14.10 to 21.00.

The inspection sought to assess progress with issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Arrangements for monitoring the registration status of nursing and care staff were well managed. Weaknesses were identified in the delivery of safe care, specifically in relation to compliance with best practice in infection prevention and control and the current staffing arrangements within the home. Two recommendations have been stated to secure compliance and drive improvement.

Is care effective?

A weakness has been identified in the delivery of effective care specifically in relation to the storage of patient care records. There was evidence that assessments informed the care planning process. Staff were aware of the local arrangements for referral to other health professionals. Communications between health professionals were recorded within the patients' care records. One requirement has been made in this domain.

Is care compassionate?

There was evidence of good communication in the home between staff and patients. Patients were very praiseworthy of staff and a number of their comments are included in the report. Any noted issues of dissatisfaction were relayed to the homes management for further consideration and /actioned accordingly.

Is the service well led?

Audits reviewed, evidenced actions taken to address any shortfalls. This had been verified by the registered manager. Two recommendations have been stated in the well led domain. In total one requirement and two recommendations have been made in the other three domains as detailed above. One recommendation has been stated for the second time from the previous Quality Improvement Plan (QIP).

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	5*

*The total number of recommendations made includes one recommendation that has been stated for the second time.

Details of the QIP within this report were discussed with the registered manager, Oonagh Grant, 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 28 October 2015. Other than those actions detailed in the previous QIP there were no further actions required. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Glencarron Homes Ltd. Brendan Liddy and Bridget Liddy	Registered manager: Oonagh Grant
Person in charge of the home at the time of inspection: Oonagh Grant	Date manager registered: 21 December 2011
Categories of care: NH-DE, NHPH, NH-PH(E), NH-I	Number of registered places: 44

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events submitted since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report and the returned quality improvement plan (QIP)
- pre inspection assessment audit

During the inspection we met with five patients individually and others in small groups, three care staff, two registered nursing staff and two patient representatives. Questionnaires were also left in the home to facilitate feedback from patients, their representatives and staff not on duty. Nine patient, nine staff and seven patient representative questionnaires were left for completion.

The following records were examined during the inspection:

- validation evidence linked to the previous QIP
- three patient care records
- staff training records
- staff induction template
- complaints records
- incidents/accidents records since the last care inspection
- minutes of staff meetings
- a selection of audit documentation
- a recruitment file
- competency and capability assessments for nurse in charge
- monthly monitoring reports in keeping with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- fire log book
- duty rota from 25 April – 1 May 2016

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection dated 28 October 2015. The completed QIP was returned and approved by the pharmacist inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered person, as recorded in the QIP will be validated at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 15 September 2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 19.1 Stated: Second time	A bowel assessment should be carried out for those patients requiring continence management.	Met
	Action taken as confirmed during the inspection: A "Constipation Risk Assessment Tool" had been completed within three patient care records reviewed.	

Recommendation 2 Ref: Standard 32 Stated: First time	The registered persons should ensure that a policy in relation to palliative care/death and dying is developed with reference to current best practice guidelines and this shared with staff.	Not Met
	Action taken as confirmed during the inspection: The policy in relation to palliative care/death and dying had not been reviewed or updated from the last care inspection. This recommendation has been stated for a second time.	
Recommendation 3 Ref: Standard 20, criterion 2 Stated: First time	The registered persons should ensure that the cultural and spiritual needs of patients are assessed at end of life and included in their care plan to ensure that these needs are appropriately met.	Met
	Action taken as confirmed during the inspection: Review of a patient care record evidenced that cultural and spiritual needs had been assessed at the end of life and the assessment had informed the care plan.	

4.3 Is care safe?

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. The registered manager confirmed that the review of assessed needs of the patients was not always documented. One documented review was available for review on inspection. This was discussed with the registered manager and it was agreed that records of dependency level checks should be maintained in the home. A review of the staffing rota for week commencing 25 April 2016 evidenced that the planned staffing levels were adhered to. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. However, questionnaires that had been left in the home for completion by patients, relatives and staff not on duty, reflected over 50 percent of respondents indicated that the current staffing arrangements were not adequate within the home. Please see section 4.5 for further information. A recommendation was made for the registered manager to review the staffing arrangements within the home to ensure patients' needs are being met in a timely manner.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Staff consulted confirmed that they had received an appraisal and supervision. Information received by RQIA from the registered manager following the inspection confirmed that the management of supervision is currently under review and a new improved system to deliver and monitor supervision was under development.

A mandatory training register was maintained within the home and reviewed on a monthly basis. Discussion with the registered manager confirmed that a system was in place for the delivery of mandatory training. The registered manager confirmed that the home has two onsite qualified trainers on moving and handling, infection prevention and control, adult safeguarding and palliative care. This system was effective ensuring that mandatory training requirements were met and additional training dates could be easily organised when new staff commenced employment or were existing staff required updated training. Mandatory training dates were pre-scheduled for the incoming year.

Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility. Observation of the delivery of care evidenced that training had been embedded into practice.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC). NMC checks were monitored monthly and evidenced within a file. NISCC checks had not been monitored monthly. Checks were made online. The registered manager contacted RQIA post inspection to confirm all care staff had now applied for application to the NISCC register and registration with NISCC will be monitored on a month to month basis.

A review of the recruitment process evidenced a safe system in practice. Relevant checks and interviews had been conducted prior to the staff member commencing in post.

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding. A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures.

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 care plans examined within one patient's care record had not been reviewed consistently. This was discussed with the registered manager who agreed to review the file with the appropriate staff and ensure all care plans are reviewed consistently on a regular basis.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since 15 September 2015 confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining room and storage areas. The rooms and communal areas reviewed were generally clean and spacious. Fire exits and corridors were observed to be clear of clutter and obstruction. However, a range of issues were identified within the home which were not managed in accordance with infection prevention and control guidelines:

- inappropriate storage in identified rooms
- signage not laminated and adhesive tape used to attach notices to wall/noticeboard

The above issues were discussed with the registered manager on the day of inspection and an assurance was provided by the registered manager that these areas would be addressed with staff to prevent recurrence. A recommendation was made that a more robust system is put in place to ensure compliance with best practice in infection prevention and control.

Areas for improvement

It is recommended that the registered manager reviews the staffing arrangements within the home to ensure the needs of the patients are met.

It is recommended that the registered manager develops a more robust system to ensure compliance with best practice in infection prevention and control.

Number of requirements	0	Number of recommendations:	2
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4.4 Is care effective?

Review of three patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Supplementary care charts such as repositioning/food and fluid intake records, evidenced that records were maintained in accordance with best practice guidance, care standards and legislative requirements. A discussion was conducted with the registered manager around some terminology recorded within supplementary care records. Terms were recorded such as 'skin ok' to indicate the patients' skin condition on checking. The registered manager agreed that entries should be more specific and describe the condition of the patients' skin. Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality. However, a requirement was made in relation to the storage of records. Current patient care records were stored on top of a desk at the nurses' station. The nurses' station was frequently unattended during the day and everyone had access to the nurses' station as it was in an open environment. Some supplementary care records were stored outside the patients' rooms on a bannister in the public corridor.

There was evidence within the patient care records reviewed of patient and/or representative involvement in the care planning process. There was further evidence of communication between the home and relatives/representatives. Although, responses within two of four relatives' questionnaires received, identified that they were not always involved in the care planning process. This was discussed with the clinical sister on receipt of the questionnaires.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Discussion with staff confirmed a detailed verbal handover was given during the change of shift.

Registered nurses were aware of the local arrangements and referral process to access other relevant professionals including General Practitioner's (GP), SALT, dietician and TVN, for example. There was evidence within the patient care records of communication with and attendance of other health professionals.

Staff consulted on the day of inspection 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 their line manager and /or the registered manager. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with the registered manager and staff confirmed that staff meetings have been conducted. Minutes were available of all previous meetings and further meetings for 2016 had been scheduled.

Discussion with the registered manager confirmed that relatives meetings were conducted annually and that patients were also invited to attend relatives meetings. A relatives' noticeboard was maintained at the entrance to the home including information on adult safeguarding; the death of a relative or friend and information on the Glencarron website.

A 'Next of Kin' sign displayed at reception from the registered manager read, 'Please ask the nurse on duty to give you your residents file so that you are up to date with the care we are providing. If there is anything you are not happy with please inform the nurse in charge or speak with me directly.'

Information leaflets were available to staff, patients and/or representatives at the entrance to the home. These included information on flu, MRSA, pressure ulcer prevention, hearing loss, the local hospice and the 'Residents Guide – Care Standards for Nursing Homes.'

Areas for improvement

It is required that patient care records within the home are stored securely in accordance with professional guidance and The Nursing Homes Regulations (Northern Ireland) 2005.

Number of requirements	1	Number of recommendations:	0
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4.5 Is care compassionate?

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Staff were also aware of the requirements regarding patient information, confidentiality and issues relating to consent. Nine staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. Five of the questionnaires were returned to RQIA. Three staff members were of the opinion that staffing levels were not appropriate to meet the needs of patients. This was a view shared by two of the four patient questionnaire responses received and two of four patient representative responses. A recommendation was made in section 4.3 to address this concern. On inspection two registered nurses and three carers were consulted to ascertain their views of life in Glencarron.

Some staff comments are as follows:

'It's a great atmosphere to work in.'

'It's relaxed, calm and friendly.'

'I really like it here. We all stick together.'

'It's really nice to come in. There's good teamwork.'

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. A religious service could be listened to through the local radio station. Communion was administered to those who requested it every Sunday.

Discussion with the registered manager confirmed that there were systems in place to obtain the views of patients, their representatives and staff on the running of the home. There was evidence that a "Yearly Quality Assurance Survey" for completion by patients and their relatives, was ready to be sent to all relevant persons. The result of an annual quality assurance survey completed during 2015/2016 was in the process of being collated. The registered manager advised that an action plan would be devised and the findings from the survey would be presented to relatives during a relatives meeting scheduled for May 2016. The registered manager confirmed the results and any actions taken would also be included within the Annual Quality Report.

Patients were confident in raising any concerns they may have with the staff and/or management. Two patients consulted on the day of inspection were unsure of the identity of the registered manager. All four respondents from patient questionnaires left for completion were aware of the identity of the registered manager. 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.

Some patient comments are as follows:

'We get first class treatment here.'

'The staff are brilliant.'

'I really like my room and the food is good.'

'Great staff.'

'Staff are ok but the response is slow sometimes.'

Two patient representatives were consulted on the day of inspection. Seven relative questionnaires were left in the home for completion. Four relative questionnaires were returned within the timeframe. One relative consulted on the day of inspection and one response received from a completed relative questionnaire were dissatisfied with the response(s) received in regards to concerns raised with the homes management. This information was relayed to the homes' management.

Areas for improvement

No areas for improvement were identified during the inspection under the compassionate domain.

Number of requirements	0	Number of recommendations:	0
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4.6 Is the service well led?

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.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager evidenced that the home was operating within its registered categories of care.

Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DOH Care Standards for Nursing Homes 2015. The complaints procedure is included within the 'Patients Welcome Pack'. Staff verified a copy of the complaints procedure was also usually displayed on the relatives' noticeboard. This was discussed with the registered manager and it was confirmed that the complaints procedure for the home was under review. The role of RQIA in the complaints process was also discussed with the registered manager as a recent response to a complaint from the registered manager had referred the complainant to the RQIA if they were dissatisfied with the homes' response to the complaint. A review of the homes' complaint policy evidenced the policy had not been subject to the three yearly systematic review as directed in the DHSSPS Care Standards for Nursing Homes, 2015. A recommendation was made.

Policies and procedures were maintained within a file located at the nurses' station. A review sample of 10 policies evidenced that all policies had not been reviewed within the three year time frame as defined by the Care Standards for Nursing Homes as referenced previously. One policy made reference to the DHSSPS Care Standards for Nursing Homes 2008 which had been updated in 2015. This has been included in the recommendation stated above.

A compliments file was maintained to record and evidence compliments received. Some examples of compliments received are as follows:

'We wish to thank you and your staff for the wonderful love and care you gave our dear.....'

'Thank you for your kindness to in her final years.'

'Thank you so much for your kindness towards me during my stay. It is very much appreciated.'

A review of notifications of incidents submitted to RQIA since the last care inspection confirmed that these were managed appropriately.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to wound management, care records, infection prevention and control, falls, medicines management, complaints and incidents/accidents. As previously indicated, the system to monitor best practice compliance with infection prevention and control requires further development. The monthly care record audit was reviewed on inspection. Risk assessments, care plans and reviews were audited. Shortfalls were identified and an action plan was developed and shared with the responsible registered nurse. The registered nurse addressed the action requested and signed the action plan on completion. The action plan was returned to the registered manager or designated person and signed by them to verify appropriate actions had been taken.

Urgent communications, safety alerts and notices were reviewed by the registered manager on receipt and, where appropriate, were shared with staff. However, a robust system was not in place to ensure that all relevant staff had read the communication or had been notified about it. Some previous notices reviewed on inspection had some evidence of signatures on them. A recommendation has been made that a safe system and procedure is developed to ensure the appropriate management of urgent communications, safety alerts and notices.

Discussion with the registered manager and review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. An action plan was generated within the report to address any areas for improvement and a review of the previous action plan was included within the report. Copies of the reports were available for patients, their representatives, staff and trust representatives. A notice at the entrance to the home invited patients and relatives to request copies of the monthly monitoring report.

Discussions with staff confirmed that there were good working relationships within the home and that management were responsive to any suggestions or concerns raised.

Areas for improvement

It is recommended that all policies should be reviewed to ensure that they are subject to a three yearly review.

It is recommended that the system to manage urgent communications, safety alerts and notices is reviewed to ensure that these are shared with all relevant staff.

Number of requirements	0	Number of recommendations:	2
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manger, Oonagh Grant, as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to Nursing.Team@rqia.org.uk and assessed by the inspector.

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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 19
(1)(b)

Stated: First time

To be completed by:
30 April 2016

The registered person must ensure that patient care records maintained within the home are stored securely in line with legislative and professional guidance.

Ref: Section 4.4

Response by registered person detailing the actions taken:

This requirement was resolved the day following inspection. An additional filing cabinet was provided to store patient files which could not be stored in the existing cupboards.

Recommendations

Recommendation 1

Ref: Standard 32

Stated: Second time

To be Completed by:
30 June 2016

The registered persons should ensure that a policy in relation to palliative care/death and dying is developed with reference to current best practice guidelines and this shared with staff.

Ref: Section 4.2

Response by registered person detailing the actions taken:

The existing policy has been renewed to include current best practice guidelines and has been disseminated among staff.

<p>Recommendation 2</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be Completed by: 30 June 2016</p>	<p>The registered person should review staffing levels to ensure that at all times there are sufficient numbers of staff and skill mix deployed to meet the needs of the patients in the home.</p> <p>Ref: Section 4.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>I have no concerns regarding the safe and adequate staffing & skill mix within Glencairn. levels are consistently based on the dependencies of patients and at no time would reducing staff numbers be considered. In fact when presented with patients needing additional care or supervision extra staff will be brought in. however, to cover it is almost impossible</p>
<p>Recommendation 3</p> <p>Ref: Standard 46 Criteria (1) (2)</p> <p>Stated: First time</p> <p>To be Completed by: 30 May 2016</p>	<p>The registered person should ensure that robust systems are in place to ensure compliance with best practice in infection prevention and control within the home.</p> <p>Particular attention should focus on the areas identified on inspection.</p> <p>Ref: Section 4.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken:</p> <p>My self and the Clinical Sister have discussed with staff the need for greater vigilance in this area. Storage arrangements have been reviewed. The necessity for uncovered tissue bins has been reviewed and our reason for maintaining this is to facilitate patient independence in toileting. Patients on Shaws or Zimmer frames have difficulty in managing a pedal bin whilst maintaining their safety. I would appreciate your views on this</p>

<p>Recommendation 4</p> <p>Ref: Standard 36 (Criteria 4)</p> <p>Stated: First time</p> <p>To be Completed by: 30 December 2016</p>	<p>The registered person should develop and implement a system to ensure a systematic three yearly review for the updating of policies and procedures with full compliance to be achieved by 30 December 2016.</p> <p>Particular attention should be paid to the complaints policy</p> <p>The policies and procedures should be made readily available to staff when reviewed and any new addition to the policy or procedure brought to staffs attention.</p> <p>Ref: Section 4.6</p> <p>Response by registered person detailing the actions taken:</p> <p>I have begun renewing our Policies & Procedures and this will be Completed by the appointed deadline.</p>
<p>Recommendation 5</p> <p>Ref: Standard 17</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2016</p>	<p>The registered person should ensure a system is in place to manage urgent communications, safety alerts and notifications.</p> <p>Ref: Section 4.6</p> <p>Response by registered person detailing the actions taken:</p> <p>Staff have again been advised that all posted notifications must be read & signed. A notice to this effect has been placed in the staff room</p>

Registered manager completing QIP	Donagh Grant	Date completed	3/6/16
Registered person approving QIP	Bridget Kelly	Date approved	03/06/16
RQIA inspector assessing response		Date approved	

Please provide any additional comments or observations you may wish to make below:

Would it be possible to reconsider the use of the word 'ad hoc' when referring to our approach to patient relative involvement in care planning. From the pre-assessment stage, family & Patients are consulted on the care they can expect to receive. Their contribution is again highlighted in the signed patient agreement, their co-operation is again encouraged at care management reviews and on a daily basis throughout the year when there is

**Please ensure this document is completed in full and returned to RQIA's Office.*

any engagement with patients and relatives.

Donagh Grant 3/6/16.



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

Tel 028 9051 7500
Fax 028 9051 7501
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews