



The Regulation and
Quality Improvement
Authority

Unannounced Care Inspection

Name of Establishment:	Glencarron
RQIA Number:	1469
Date of Inspection:	27 January 2015
Inspector's Name:	Karen Scarlett
Inspection ID:	17059

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Establishment:	Glencarron
Address:	6 Creamery Road Crossmaglen BT35 9AD
Telephone Number:	028 30868366
Email 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:	24 June 2014, secondary unannounced inspection
Date and Time of Inspection:	27 January 2015 08.50 – 14.20
Name of Inspector:	Karen Scarlett

2.0 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.

3.0 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

4.0 Methods/Process

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

- Discussion with the Registered Provider
- Discussion with the Registered Nurse Manager
- Discussion with staff
- Discussion with patients individually and with others in groups
- Consultation with relatives
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care plans
- Review of the complaints
- Observation during an inspection of the premises
- Evaluation and feedback

5.0 Consultation Process

During the course of the inspection, the inspector spoke with:

Patients	15 individually and with others in groups
Staff	5
Relatives	1
Visiting Professionals	0

Questionnaires were provided by the inspector, to patients' representatives and staff to seek their views regarding the quality of the service.

Issued To	Number Issued	Number Returned
Patients/Residents	0	0
Relatives/Representatives	5	2
Staff	10	5

6.0 Inspection Focus

Prior to the inspection, the responsible person/registered manager completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by the responsible person/registered manager in the self-assessment were not altered in any way by RQIA. The self-assessment is included as appendix one in this report.

However, due to workload pressures and contingency measures within the Regulation Directorate, the themes/standards within the self-assessment were not inspected on this occasion.

This inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

Standard 19 - Continence Management

Patients receive individual continence management and support.

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.

7.0 Profile of Service

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

It 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

NH-I	old age not falling into any other category
NH-DE	dementia care
NH-PH	physical disability other than sensory impairment under 65
NH-PH (E)	physical disability other than sensory impairment over 65 years

The nursing home is owned and operated by Mrs Bridget Liddy & Mr Brendan Liddy, assisted by a management team of Mr Shane Liddy and Mrs Brenda Magill. The registered manager is Ms Oonagh Grant.

8.0 Executive Summary

The unannounced inspection of Glencarron was undertaken by Karen Scarlett on 27 January 2015 between 08.50 and 14.20 hrs. The inspection was facilitated by, Mrs Oonagh Grant, registered manager, and Mr Shane Liddy, director, who were available for verbal feedback at the conclusion of the inspection, along with Mrs Brenda Magill, director, and Sister Veronica Cosgrove.

The focus of this inspection was Standard 19: Continence Management and to assess progress with the issues raised during and since the previous inspection on 24 June 2015.

The home are required to return a number of documents to RQIA prior to the inspection and these were returned within the required timeframe and offered the required assurances.

The patients were very well presented in clothing suitable for the season. Those consulted were very positive about the care provided in the home and the staff. No concerns were raised. Two relatives completed questionnaires and were also complementary of the care provided and the staff within the home. Refer to section 11.5 for further details about patients/residents and relatives.

There was evidence in the five records examined that a continence assessment had been completed for all of patients. This assessment formed part of a comprehensive and detailed assessment of patient needs from the date of admission and was found to be updated on a regular basis and as required. The assessment of patient needs was evidenced to inform the care planning process. It was noted that the continence assessment did not include an assessment of bowel function. A recommendation has been made that a bowel assessment should be undertaken

Comprehensive reviews of both the assessments of need and the care plans were maintained on a regular basis and as required in the five records reviewed.

Discussion with the registered manager confirmed that staff were trained and assessed as competent in continence care and registered nurses were trained and competent in female and suprapubic catheterisation.

Policies, procedures and guidelines in the promotion of continence and the management of incontinence were available in the home. However, there was no current policy / procedure for staff on catheter care and management. A recommendation has been made that this policy be developed in accordance with best practice guidelines. It is further recommended that additional guidelines to be made available to staff to use as required.

The inspector was informed that a continence link nurse was working in the home and this good practice is commended.

From a review of the available evidence, discussion with relevant staff and observation, the inspector can confirm that the level of compliance with the standard inspected was substantially compliant. Four recommendations have been made in this regard. For further information refer to section 10.0.

A review of the staff rota evidenced that staffing was within the levels recommended in RQIA staffing guidelines for nursing homes (2009). Discussion with staff and the returned questionnaires indicated that staff were happy working in the home and they commented on the good team work and support of their management team. No concerns of issues were raised. For further information on staffing refer to section 11.6.

The home was well maintained and presented to a high standard of hygiene and décor. A damaged chair was noted in one bathroom but the registered manager confirmed that this was to be discarded.

An examination of the care records identified one patient who required a referral to the tissue viability nurse and an urgent findings letter was issued. The registered manager confirmed that the referral was sent that day and is to confirm that this assessment was carried out with the return of the quality improvement plan (QIP). A requirement had been made in this regard. For further information refer to section 9.0.

The inspector can confirm that at the time of this inspection, the delivery of care to patients/residents was evidenced to be of a good standard and patients were observed to be treated by staff with dignity and respect.

The inspector reviewed and validated the home's progress regarding the 2 requirements and one recommendation made at the last inspection on 24 June 2014. All requirements and recommendations were compliant.

As a result of this inspection, one requirement and four recommendations were made.

Details can be found under Section 10.0 and 11.0 in the report and in the quality improvement plan (QIP).

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

The inspector would also like to thank the relatives and staff who completed questionnaires.

9.0 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 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>An examination of three care records of patients with pressure ulcers / wounds was undertaken. In two cases a detailed wound care chart was completed which described the grade, size and condition of the wound at each dressing change. A care plan was in place for all three patients. Up to date body maps had been completed as required and the repositioning charts were well completed by care staff.</p> <p>In one case there was some clarity required over the treatment of a pressure ulcer and a separate urgent findings letter was completed to ensure that this patient was referred for relevant specialist advice from tissue viability. This referral was made on the day of inspection and confirmation of the assessment is to be forwarded with the return of the QIP. The manager confirmed that no dressing was currently in use and agreed to update the care plan to reflect this. A separate requirement has been made in this regard.</p> <p>This requirement has been addressed.</p>	Substantially compliant

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 care • 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>In the care records examined there was evidence that an assessment had been undertaken for each patient requiring a form of restraint. There was also evidence of discussion having taken place with the patient and their representative.</p> <p>In two records examined the use of forms of restraint had been reviewed and the care plans appropriately discontinued.</p> <p>This requirement has been addressed.</p>	Compliant
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1.	26	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>The home have attended meetings with the SHSCT in order to negotiate arrangements for patients who are admitted as self-funding from the Republic of Ireland and these discussions are ongoing. The home assured the inspectors that all the Trust employed specialists continue to offer their services to all patients. The home also has a contact for a named individual in the Republic of Ireland Health Service Executive (HSE) should this be required.</p> <p>The home has made every effort to comply with this recommendation and this has been addressed.</p>	Substantially compliant

9.1 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 RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

Since the previous inspection on 24 June 2015, RQIA have been notified by the home of one investigation in relation to potential or alleged safeguarding of vulnerable adults (SOVA) issues. The SHSCT safeguarding team managed the SOVA issues under the regional adult protection policy/procedures and had no concerns regarding the safety of vulnerable adults in the home

RQIA is satisfied that the registered manager has dealt with SOVA issues in the appropriate manner and in accordance with regional guidelines and legislative requirements.

10.0 Inspection Findings

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

Criterion Assessed: 19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.	COMPLIANCE LEVEL
Inspection Findings: <p>Review of five patients' care records evidenced that continence assessments were undertaken for all of these patients. However, the continence assessment did not include a section for assessment of bowel function. A recommendation has been made that a bowel assessment be carried out on all patients.</p> <p>The continence assessment was used to inform the patients' care plans. The promotion of continence, skin care, fluid requirements, type of continence aid to be used and patients' dignity were addressed in the care plans inspected. There was evidence in five patient records that continence assessment and continence care plans were reviewed and updated on a monthly basis or more often as deemed appropriate.</p> <p>Urinalysis was undertaken and patients were referred to their GPs as appropriate.</p> <p>Review of five patient's care records and discussion with patients evidenced that either they or their representatives had been involved in discussions regarding the agreeing and planning of nursing interventions.</p> <p>The care plans reviewed addressed the patients' assessed needs in regard to continence management.</p> <p>Discussion with staff and observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home. An inspection of the premises evidenced that continence pads were being stored out of their original packaging. This is not in accordance with best practice in infection prevention and control and a recommendation has been made.</p>	<p align="center">Substantially compliant</p>

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

Criterion Assessed:

19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.

COMPLIANCE LEVEL**Inspection Findings:**

The inspector can confirm that the following policies and procedures were in place;

- continence management / incontinence management

There was no policy / procedure available for catheter care and management and a recommendation has been made that this be developed for use in the home using up to date guidance.

The registered manager was familiar with the relevant guidance on continence care but these had not been made available to staff. A recommendation has been made for the following guidelines to be readily available to staff and used as required:

- British Geriatrics Society Continence Care in Residential and Nursing Homes
- NICE guidelines on the management of urinary incontinence
- NICE guidelines on the management of faecal incontinence
- RCN guidance on continence care

Substantially compliant

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support

Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.	COMPLIANCE LEVEL
Inspection Findings: Not applicable.	Not applicable
Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.	COMPLIANCE LEVEL
Inspection Findings: Discussion with the registered manager and review of training records confirmed that staff were trained and assessed as competent in continence care. Discussion with the manager revealed that all the registered nurses in the home were deemed competent in female and suprapubic catheterisation. A continence link nurse is working in the home and this good practice is commended. Discussion with care staff evidenced that they were knowledgeable about the important aspects of continence care including skincare, fluid intake, privacy and dignity and reporting of any concerns. Monthly audits of care records were undertaken to include all aspects of continence care documentation and the findings were given to each named nurse and relevant care staff to action as appropriate. Improvements in this documentation could be evidenced over the last year as a result.	Compliant

Inspector's overall assessment of the nursing home's compliance level against the standard assessed

Substantially compliant

11.0 Additional Areas Examined

11.1 Care Practices

During the inspection staff were noted to treat the patients with dignity and respect. Good relationships were evident between patients and staff.

Patients were well presented with their clothing suitable for the season. Staff were observed to respond to patients' requests promptly. The demeanour of patients indicated that they were relaxed in their surroundings. Most patients were assisted to the dining rooms for their meals and were observed to be relaxed, talking together and enjoying their meal. Staff were observed to be chatting easily with patients, assisting as required and offering a choice of food and beverages.

11.2 Complaints

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 RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

A complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The evidence provided in the returned questionnaire indicated that complaints were being pro-actively managed.

The inspector discussed the management of complaints with the registered manager and there had been no recent complaints.

11.3 Patient Finance Questionnaire

Prior to the inspection a patient financial questionnaire was forwarded by RQIA to the home for completion. The evidence provided in the returned questionnaire indicated that patients' monies were being managed in accordance with legislation and best practice guidance.

11.4 NMC Declaration

Prior to the inspection the registered manager was asked to complete a proforma to confirm that all nurses employed were registered with the Nursing and Midwifery Council of the United Kingdom (NMC).

The evidence provided in the returned proforma indicated that all nurses, including the registered manager, were appropriately registered with the NMC.

11.5 Patients/Residents and Relatives Comments

The inspector spoke with fifteen patients individually and with the majority of others in smaller groups. These patients expressed high levels of satisfaction with the standard of care, facilities and services provided in the home. A number of patients were unable to express their views verbally. These patients indicated by positive gestures that they were happy living in the home.

Examples of patients' comments were as follows:

- "It's nice here."
- "The food is good and there is plenty of it."
- "It is top class and the staff are great."
- "It is lovely here. Like a home from home."
- "The manager is excellent and the care staff look after me well."

Two relatives completed questionnaires and they were satisfied with the care and services provided within the home. One commented that the staff were helpful and friendly but they were of the opinion that there could be a few more staff at times. In response the duty rota was examined and staffing was discussed with the registered manager. Refer to section 11.6 for more information on staffing.

11.6 Questionnaire Findings/Staff Comments

The inspector spoke with five staff including registered nurses and care assistants. The inspector was able to speak to a number of these staff individually and in private. Five staff completed questionnaires. Staff responses in discussion and in the returned questionnaires indicated that staff received an induction, completed mandatory training, completed additional training in relation to the inspection focus and were very satisfied or satisfied that patients were afforded privacy, treated with dignity and respect and were provided with care based on need and wishes.

The staff stated that they enjoyed working in the home and were well supported by the team and their managers. No concerns or issues were raised in discussion with staff.

Examples of staff comments were as follows;

- "I am enjoying working here."
- "There are good relationships with staff and residents."
- "We aim to provide a high standard of care. We are able to do this by working in partnership with staff and service users."

An examination of the duty rota found that staffing was within the levels recommended in the RQIA Staffing Guidelines for nursing homes (2009).

11.7 Environment

The inspector undertook an inspection of the premises and viewed the majority of the patients' bedrooms, bathroom, shower and toilet facilities and communal areas. The home was comfortable and all areas were maintained to a high standard of hygiene and décor. A damaged chair was noted in one upstairs bathroom. The registered manager confirmed that this had been put out of use and was waiting to be discarded.

12.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Oonagh Grant, Shane Liddy, Brenda Magill and Veronica Cosgrove, 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:

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



Karen Scarlett
Inspector/Quality Reviewer

21/2/15

Date

Appendix 1

Section A	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.1 <ul style="list-style-type: none"> At the time of each patient's admission to the home, a nurse carries out and records an initial assessment, using a validated assessment tool, and draws up an agreed plan of care to meet the patient's immediate care needs. Information received from the care management team informs this assessment. Criterion 5.2 <ul style="list-style-type: none"> A comprehensive, holistic assessment of the patient's care needs using validated assessment tools is completed within 11 days of admission. Criterion 8.1 <ul style="list-style-type: none"> Nutritional screening is carried out with patients on admission, using a validated tool such as the 'Malnutrition Universal Screening Tool (MUST)' or equivalent. Criterion 11.1 <ul style="list-style-type: none"> A pressure ulcer risk assessment that includes nutritional, pain and continence assessments combined with clinical judgement is carried out on all patients prior to admission to the home where possible and on admission to the home. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulations 12(1) and (4); 13(1); 15(1) and 19 (1) (a) schedule 3	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
On admission the admitting nurse will complete a number of risk assessments including falls risk, moving & handling, MUST, Braden, continence assessment & bed rail. Best practice pressure ulcer risk assessment is also completed. Patients are then categorised according to their degree of risk. These risk assessments are further devised with information gleaned from GP medical & prescription history, care management team assessments and family input	Compliant

Section B

Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.

Criterion 5.3

- A named nurse has responsibility for discussing, planning and agreeing nursing interventions to meet identified assessed needs with individual patients' and their representatives. The nursing care plan clearly demonstrates the promotion of maximum independence and rehabilitation and, where appropriate, takes into account advice and recommendations from relevant health professional.

Criterion 11.2

- There are referral arrangements to obtain advice and support from relevant health professionals who have the required expertise in tissue viability.

Criterion 11.3

- Where a patient is assessed as 'at risk' of developing pressure ulcers, a documented pressure ulcer prevention and treatment programme that meets the individual's needs and comfort is drawn up and agreed with relevant healthcare professionals.

Criterion 11.8

- There are referral arrangements to relevant health professionals who have the required knowledge and expertise to diagnose, treat and care for patients who have lower limb or foot ulceration.

Criterion 8.3

- There are referral arrangements for the dietician to assess individual patient's nutritional requirements and draw up a nutritional treatment plan. The nutritional treatment plan is developed taking account of recommendations from relevant health professionals, and these plans are adhered to.

Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1); 14(1); 15 and 16

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>The admitting nurse or nurse in charge will assign a named nurse to each patient. The named nurse will at least monthly review all aspects of care planning to ensure that it is well informed and up to date. Multidisciplinary input will be recorded when their advice is sought in relation to new or existing problems e.g. TVN, podiatry, dietician etc. Braden, MUST moving & Handling, Continence assessments are completed, updated and reviewed to ensure best quality outcomes for patients</p>	Compliant

Section C	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.4 <ul style="list-style-type: none"> Re-assessment is an on-going process that is carried out daily and at identified, agreed time intervals as recorded in nursing care plans. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulations 13 (1) and 16	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
Risk assessments and care plans are updated at least monthly but frequently require updating on a more regular basis. Each nurse is assigned as named nurse for a number a number of patients. In the absence of the named nurse a colleague will do reviews	Compliant

Section D	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.5 <ul style="list-style-type: none"> All nursing interventions, activities and procedures are supported by research evidence and guidelines as defined by professional bodies and national standard setting organisations. Criterion 11.4 <ul style="list-style-type: none"> A validated pressure ulcer grading tool is used to screen patients who have skin damage and an appropriate treatment plan implemented. Criterion 8.4 <ul style="list-style-type: none"> There are up to date nutritional guidelines that are in use by staff on a daily basis. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulation 12 (1) and 13(1)	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>Evidence informed decision making is a continuous interactive process involving the explicit consideration of the best available evidence to provide care. It is essential to optimise outcomes for individuals, improve clinical practice, achieve cost effective nursing and ensure accountability & transparency in decision making within this nursing home setting. To this end Glencarron employs the use of the following guidelines in daily practice:</p> <p>NICE guidelines for prevention & treatment of pressure ulcers.</p> <p>European Pressure ulcer Advisory panel classification system of pressure ulcer grades</p> <p>RQIA document on nutritional guidelines in conjunction with directives from department of nutrition & dietetics SHSCT</p> <p>Gain guidelines provision of domiciliary eye care</p> <p>GAIN guidelines management of Chronic kidney disease</p> <p>GAIN guidelines for oral health care</p> <p>RCN guidelines "Let's talk about restraint"</p> <p>RQIA Protocol Joint investigation of Alleged & suspected case of abuse</p> <p>NICE guidelines Fall: Assessment & prevention in older people in conjunction with Falls toolkit devised by SHSCT</p>	Compliant

Section E	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 5.6</p> <ul style="list-style-type: none"> Contemporaneous nursing records, in accordance with NMC guidelines, are kept of all nursing interventions, activities and procedures that are carried out in relation to each patient. These records include outcomes for patients. <p>Criterion 12.11</p> <ul style="list-style-type: none"> A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each patient is satisfactory. <p>Criterion 12.12</p> <ul style="list-style-type: none"> Where a patient's care plan requires, or when a patient is unable, or chooses not to eat a meal, a record is kept of all food and drinks consumed. Where a patient is eating excessively, a similar record is kept. All such occurrences are discussed with the patient and reported to the nurse in charge. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 19(1) (a) schedule 3 (3) (k) and 25</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
<p>Contemporaneous records are kept within the time frame of duty shift.</p> <p>Records are kept of meals provided and alternative options to scheduled meals</p> <p>Portion sizes eaten are recorded and fluids consumed also recorded. Refusal to eat or drink is recorded with the reason given. Dietetic input is requested based on MUST score and guidance included in care plans. Patients or their representatives are inclusive and informed of decisions</p>	Compliant

Section F

Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.

Criterion 5.7

- The outcome of care delivered is monitored and recorded on a day-to-day basis and, in addition, is subject to documented review at agreed time intervals and evaluation, using benchmarks where appropriate, with the involvement of patients and their representatives.

Nursing Home Regulations (Northern Ireland) 2005 : Regulation 13 (1) and 16

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section

Section compliance level

Where necessary a care plan may be updated at least once daily e.g diet & fluid intake, pain, wound care etc. Other care plans may only require weekly updating eg. blood pressure. Monthly review is the maximum permissible length of time between updates and would be pertinent to non changing events eg. personal care, use of bed rails etc

Compliant

Section G	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
Criterion 5.8 <ul style="list-style-type: none"> Patients are encouraged and facilitated to participate in all aspects of reviewing outcomes of care and to attend, or contribute to, formal multidisciplinary review meetings arranged by local HSC Trusts as appropriate. Criterion 5.9 <ul style="list-style-type: none"> The results of all reviews and the minutes of review meetings are recorded and, where required, changes are made to the nursing care plan with the agreement of patients and representatives. Patients, and their representatives, are kept informed of progress toward agreed goals. 	
Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13 (1) and 17 (1)	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
Patient & family are invited to attend care management reviews.Changes to practice or Glencarron Policy & Procedures for a particular issue are notified to patients & family on a notice board or in writing.Care management teams are requested to provide documented evidence of care management at earliest convenience.If in the course of a review,change to practice is required,this will be reflected in a change to existing risk assessments and care plans.Family are encouraged to review patient files and sign that they have read the content	Compliant

Section H

Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.

Criterion 12.1

- Patients are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences.
Full account is taken of relevant guidance documents, or guidance provided by dieticians and other professionals and disciplines.

Criterion 12.3

- The menu either offers patients a choice of meal at each mealtime or, when the menu offers only one option and the patient does not want this, an alternative meal is provided.
A choice is also offered to those on therapeutic or specific diets.

Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 12 (1) & (4), 13 (1) and 14(1)

Provider's assessment of the nursing home's compliance level against the criteria assessed within this section

Section compliance level

Meals in Glencarron are varied and nutritious with snacks available throughout the day. Records are kept of patients preferences and quantities consumed.
RQIA nutritional guidelines are employed in conjunction with nutrition & dietetic directives from SHSCT.
Patients with specific dietary requirements are made known to catering staff as are patients with foods of a specified consistency as directed by Speech & Language therapist. Meals in Glencarron are varied and nutritious with snacks available throughout the day. Records are kept of patients preferences and quantities consumed.

Compliant

Section I	
Standard 5: Patients receive safe, effective nursing care based on a holistic assessment of their care needs that commences prior to admission to the home and continues following admission. Nursing care is planned and agreed with the patient, is accurately recorded and outcomes of care are regularly reviewed.	
<p>Criterion 8.6</p> <ul style="list-style-type: none"> Nurses have up to date knowledge and skills in managing feeding techniques for patients who have swallowing difficulties, and in ensuring that instructions drawn up by the speech and language therapist are adhered to. <p>Criterion 12.5</p> <ul style="list-style-type: none"> Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals and fresh drinking water is available at all times. <p>Criterion 12.10</p> <ul style="list-style-type: none"> Staff are aware of any matters concerning patients' eating and drinking as detailed in each individual care plan, and there are adequate numbers of staff present when meals are served to ensure: <ul style="list-style-type: none"> risks when patients are eating and drinking are managed required assistance is provided necessary aids and equipment are available for use. <p>Criterion 11.7</p> <ul style="list-style-type: none"> Where a patient requires wound care, nurses have expertise and skills in wound management that includes the ability to carry out a wound assessment and apply wound care products and dressings. <p>Nursing Home Regulations (Northern Ireland) 2005 : Regulation/s 13(1) and 20</p>	
Provider's assessment of the nursing home's compliance level against the criteria assessed within this section	Section compliance level
Nurses and care staff are familiar with the SALT directions for each relevant patient. Meals are provided at conventional times but we have some patients who like to sleep late and either have a small breakfast or a drink of tea while waiting for their lunch. Snacks & fresh drinking water (More so in hot weather) are available throughout the day. Care plans for eating and drinking are in place for all patients who require same. Every patient has a MUST score recorded monthly. Additional staff are available at mealtimes including supper to ensure all patients have supervised, adequate, nutritional intake.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE NURSING HOME'S COMPLIANCE LEVEL AGAINST STANDARD 5	COMPLIANCE LEVEL
	Compliant



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan
Unannounced Care Inspection
Glencarron

27 January 2015



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 Oonagh Grant, registered manager, Mr Shane Liddy and Mrs Brenda Magill, directors, and Sister Veronica Cosgrove during 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.	14 (1) (b)	<p>The registered manager must ensure that a named patient is referred for specialist tissue viability advice in relation to a pressure ulcer. Confirmation of the assessment and its outcome must be returned to RQIA along with the QIP.</p> <p>Ref: section 9.0</p>	One	Spoke with TUN on day of inspection. Staff to continue with current plan of care and TUN will visit next week.	With return of the QIP

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.	19.1	A bowel assessment should be carried out for those patients requiring continence management. Ref: section 10.0	One	Bowel assessments commenced on all Patients	Three months from date of inspection
2.	35.1	It is recommended that continence pads are stored in a manner which maintains this equipment safely, in accordance with manufacturers' instructions and to ensure effective infection prevention and control. Ref: section 10.0	One	Staff have been advised of this recommendation & requested to follow manufacturers' instructions.	One month from date of inspection
3.	26.2	The following policy should be developed in accordance with best practice guidelines: • Catheter care and management Ref: section 10.0	One	Policy Guidelines developed from recommended literature @ 19.2	With the return of the QIP

4.	19.2	<p>The registered person should ensure that the following best practice guidelines are readily available to staff and used as required:</p> <ul style="list-style-type: none"> • British Geriatrics Society Continence Care Residential and Nursing Homes • RCN continence care guidelines • NICE guidelines on the management of urinary incontinence in women • NICE guidelines on the management of faecal incontinence <p>Ref: section 10.0</p>	One	All guidelines have been sourced and made available to staff	One month from date of inspection
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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 Liddy
NAME: Bridget Liddy
Registered Provider
DATE 6/2/15

SIGNED: Donagh Grant
NAME: DONAGH GRANT
Registered Manager
DATE 6/2/15

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	<u>Skullit</u>	13-2-15
Further information requested from provider			