

Inspection Report

21 & 22 April 2022



Larne Care Centre

Type of service: Nursing (NH)
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation: Electus Healthcare (Larne) Ltd</p> <p>Responsible Individual: Mrs Hazel McMullan</p>	<p>Registered Manager: Mr Leslie Stephens</p> <p>Date registered: 3 October 2014</p>
<p>Person in charge at the time of inspection: Mr Leslie Stephens – Registered Manager</p>	<p>Number of registered places: 87</p> <p>A maximum of 31 patients in category NH-DE accommodated in the Glenarm Unit. A maximum of 25 patients in categories NH-PH and PH(E) accommodated in the Carnlough and Olderfleet Units. The home is approved to provide nursing care for two named patients in categories NH-LD and LD(E) accommodated in the Carnlough Unit. The home is approved to provide residential care for one named residents in category RC-I accommodated in the Ballygally Unit. The home is also approved to provide care on a day basis to 5 persons in categories NH- I, PH and PH(E).</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category TI – Terminally ill DE – Dementia PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 63</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 87 patients. The home is divided in four units over two floors. The Carnlough and Olderfleet units on the ground floor and first floor provide care for people with learning and physical disabilities. The Ballygally unit on the first floor provides general nursing care and the Glenarm unit which is on the first floor provides care for people with dementia.</p>	

2.0 Inspection summary

An unannounced inspection took place on 21 April 2022 from 9.20 am to 5.00 pm and on 22 April 2022 from 9.10 am to 9.40 am by a care inspector. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified during this inspection and this is discussed within the main body of the report and Section 7.0. One of the areas for improvement identified at the previous care inspection was carried forward for review at the next inspection.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff were helpful and pleasant in their interactions with them.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

RQIA were assured that the delivery of care and service provided in Larne Care Centre was provided in a compassionate manner by staff who knew and understood the needs of the patients.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection patients, relatives and staff were asked for their opinion on the quality of the care and their experience of living or working in Larne Care Centre. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

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

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

4.0 What people told us about the service

Six staff, one relative, two visiting professionals and 13 patients were spoken with. Seven questionnaires were returned with respondents indicating they were happy with the care provided in the home. One respondent commented, “the girls work hard. Sometimes could do with more staff”. Discussions with management confirmed ongoing recruitment for nursing and care assistant positions within the home. No feedback was received from the staff online survey.

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. Relatives were complimentary of the care provided in the home and visiting professionals spoke positively about communication with the home.

Staff acknowledged staffing challenges but all staff agreed that Larne Care Centre was a good place to work. Staff members were complimentary in regard to the home’s management team and spoke of how much they enjoyed working with the patients.

5.0 The inspection

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

Areas for improvement from the last inspection on 30 and 31 August 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: First time	The registered person shall ensure that nursing staff consistently comment on the patient’s neurological status in their daily evaluations following a head injury/unwitnessed fall. Patient’s care plans should be updated to reflect their assessed needs following a fall.	Met
	Action taken as confirmed during the inspection: Examination of care records evidenced that this area for improvement was met.	

<p>Area for Improvement 2</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that continence care plans and risk assessments are reflective of the patients assessed needs.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>		<p>Validation of compliance</p>
<p>Area for Improvement 1</p> <p>Ref: Standard 4.7</p> <p>Stated: First time</p>	<p>The registered person shall ensure that choking risk assessments are completed in keeping with the assessed needs of the patient.</p> <hr/> <p>Action taken as confirmed during the inspection: Review of a selection of care records evidenced that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p>	<p>The registered person shall ensure that personal care records are accurately maintained.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	<p>Met</p>
<p>Area for improvement 3</p> <p>Ref: Standard 35.16</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the annual quality report integrates the views of residents, their relatives and staff into the evaluation and review of the quality of care.</p> <hr/> <p>Action taken as confirmed during the inspection: There was evidence that some progress had been made against this area for improvement. A new format for the annual quality report is being rolled out by the new provider therefore this will be carried forward to the next inspection.</p>	<p>Carried forward to the next inspection</p>

5.2 Inspection findings

5.2.1 Staffing Arrangements

A review of staff selection and recruitment records evidenced that staff members were recruited safely ensuring that all pre-employment checks had been completed prior to each staff member commencing in post. Review of records and discussion with staff confirmed staff members were provided with a comprehensive induction programme to prepare them for providing care to patients; this included agency staff. Checks were made to ensure that staff maintained their registrations with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. This rota identified the person in charge when the manager was not on duty.

There were systems in place to ensure that staff were trained and supported to do their job. Staff consulted with confirmed that they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC) and fire safety. Staff members were able to correctly describe their roles and responsibilities regarding adult safeguarding.

Staff said they felt well supported in their role and were satisfied with the level of communication between staff and management. Staff reported good team work although some staff consulted was not satisfied that there were sufficient staff numbers. This was discussed with management who told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met and confirmed that staffing is currently under review. They confirmed ongoing recruitment for nursing and care assistant positions within the home.

Patients spoke highly about the care that they received and confirmed that staff attended to them in a timely manner; patients also said that they would have no issue with raising any concerns to staff. It was observed that staff responded to patients' requests for assistance in a prompt, caring and compassionate manner. Relatives spoken with expressed no concerns regarding staffing arrangements in the home.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of patients' needs, their daily routine, wishes and preferences. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff members were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff members were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Examination of the recording of repositioning evidenced these were generally well completed.

Management of wound care was examined. Review of one identified patient's care records confirmed that wound care was well managed although evaluations by nursing staff did not consistently detail the progress or otherwise of the wound. This was discussed with the manager who agreed to address this with registered nursing staff.

Falls in the home were monitored monthly to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to prevent further falls from occurring. There was a system in place to ensure that accidents and incidents were notified to patients' next of kin, their care manager and to RQIA, as required.

Review of the management falls evidenced appropriate actions were taken following falls in keeping with best practice guidance.

At times, some patients may be required to use equipment that can be considered to be restrictive, for example, bed rails. Review of patients' records and discussion with the manager and staff confirmed that the correct procedures were followed if restrictive equipment was used.

Deficits were identified in relation to patients having effective access to the nurse call system within their bedrooms. The nurse call buttons were observed to be out of reach for at least two patients. An area for improvement was made.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Lunch was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. A variety of drinks were served with the meal. Staff members were observed attending to patients' dining needs in a caring and compassionate manner while maintaining written records of what patients had to eat and drink, as necessary. Patients spoke positively in relation to the quality of the meals provided.

Some patients may need their diet modified to ensure that they receive adequate nutrition. This may include thickening fluids to aid swallowing and food supplements in addition to meals. Care plans detailing how the patient should be supported with their food and fluid intake were in place to direct staff. Staff told us how they were made aware of patients' nutritional needs to ensure that patients received the right consistency of food and fluids.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans should be developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals. Review of one identified patient's care records evidenced that care plans had been developed within a timely manner to accurately reflect their assessed needs.

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

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment evidenced the home was warm, clean and comfortable. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy. Most patients' bedrooms were personalised with items important to the patient, although it was noted that two bedrooms were not. This was discussed with the manager who agreed to audit the bedrooms in the home and engage with relatives of the identified patients to ensure bedrooms are person centred where possible.

Fire safety measures were in place to ensure that patients, staff and visitors to the home were safe. Staff members were aware of their training in these areas and how to respond to any concerns or risks.

Food and fluid thickening agents were observed to be stored in areas accessible to patients on two occasions. This posed a potential risk to patients' health and wellbeing. These incidents were discussed with staff who took necessary action to mitigate any risk. This was discussed with the manager and an area for improvement was identified.

The manager said that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. The home was participating in the regional testing arrangements for patients, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures. Posters regarding the correct method for applying and removing of PPE did not appear to be frequently displayed at PPE stations. This was discussed with the manager who agreed to have these put in place.

Discussion with staff and review of training records confirmed that training on IPC measures and the use of PPE had been provided. While some staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. Some staff was not familiar with the correct procedure for the donning and doffing of PPE. This was discussed with the manager and an area for improvement was identified.

5.2.4 Quality of Life for Patients

Observation of care delivery confirmed patients were able to choose how they spent their day. For example, some patients liked the privacy of their bedrooms, while others enjoyed going to the dining room for meals and choosing where to sit with their friends. Other patients preferred to enjoy their meals in their bedroom. Patients were observed doing arts and crafts, reading newspapers/magazines, listening to music and watching TV, while others enjoyed a visit from relatives.

Discussion with the manager confirmed that the activity therapist was on planned leave. Patients did not raise any concerns regarding the activity provision and review of patients' daily progress notes confirmed staff regularly commented on how each patient spent their day. However, staff said that activities were not planned at present and no staff had been allocated to provide activities in the absence of the activity therapist. Staff spoken with confirmed they found it difficult to provide activities due to ongoing work demands.

This was discussed with the manager who confirmed activity provision had been identified internally as an area for review and this was being addressed by senior management. This will be reviewed at a future care inspection.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment. There has been no change in the management of the home since the last inspection. Mr Leslie Stephens has been the registered manager in this home since 3 October 2014.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. The quality of the audits was generally good. Given the deficits identified in some staffs IPC knowledge and practice, the manager agreed to increase audit activity around hand hygiene and PPE use.

Review of records confirmed that systems were in place for staff appraisal and supervision.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained. The manager told us that complaints were seen as an opportunity for the team to learn and improve. Patients said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the manager and the management team and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

A review of the records of accidents and incidents which had occurred in the home found that three notifiable events had not been reported to RQIA in keeping with regulation. This was discussed with the manager who agreed to have the retrospective notifications submitted as required.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail. These are available for review by patients, their representatives, the Trust and RQIA.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015) (Version 1.1).

	Regulations	Standards
Total number of Areas for Improvement	2	*2

*The total number of areas for improvement includes one which was carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Leslie Stephens, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2) (a) (c) Stated: First time To be completed by: 22 May 2022	<p>The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the patients have access are free from hazards to their safety, and unnecessary risks to the health and safety of patients are identified and so far as possible eliminated.</p> <p>This area for improvement is made with specific reference to the safe storage and supervision of food and fluid thickening agents.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken: All staff spoken to and memo issued to all units for staff to read and sign to confirm understanding. Spot checks completed by management.</p>
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed by: 22 May 2022	<p>The registered person shall ensure that the training for staff on IPC measures is embedded into practice.</p> <p>For example, staff can clearly describe the steps for hand hygiene; know when to take opportunities for hand hygiene and the donning and doffing of PPE is carried out as per regional guidelines.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken: Hand hygiene audit in place, completed by nursing staff and senior care assistants by observing staff members carrying out hand hygiene and addressing any deficits. Staff questioned on hand hygiene and donning and doffing at ad hoc staff meetings.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 35.16 Stated: First time To be completed by: 28 February 2022	<p>The registered person shall ensure that the annual quality report integrates the views of patients, their relatives and staff into the evaluation and review of the quality of care.</p>
	<p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 22 May 2022</p>	<p>The registered person shall ensure that all patients have effective access to the nurse call system or nurse supervision as required.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken: Call bell check implemented in all units. Completed by staff daily to ensure call bell within reach of client, staff must sign when completed.</p>

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