Unannounced Care Inspection Report
15 September 2020

Larne Care Centre

Type of Service: Nursing Home (NH)
Address: 46-48 Coastguard Road, Larne, BT40 1AU
Tel No: 028 2827 7979
Inspector: Heather Sleator

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 service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for

2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 87 persons.

3.0 Service details

Organisation/Registered Provider:	Registered Manager and date registered:
Larne Care Centre **Responsible Individual:** Frederick Michael Stewart	Leslie Stephens 3 October 2014
Person in charge at the time of inspection: Leslie Stephens	**Number of registered places:** 87 A maximum of 31 patients accommodated within category NH-DE and a maximum of 25 patients accommodated within category NH-LD/LD (E). There shall be a maximum of 3 named residents receiving residential care in category RC-I. Care on a day basis for 5 persons (3 general nursing and 2 LD/LD (E).
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. LD – Learning disability. LD (E) – Learning disability – over 65 years. PH – Physical disability other than sensory impairment. PH (E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	**Number of patients accommodated in the nursing home on the day of this inspection:** 81

4.0 Inspection summary

An unannounced inspection took place on 15 September 2020 from 09:15 to 18:30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in homes. The inspection also sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC) including Personal Protection Equipment (PPE) and the environment
- care delivery
- care records
- governance and management arrangements

Patients said that they felt they were well care for by staff and commented, “I think they have managed the containment of the virus very well, no one has had it. “

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients’ experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Leslie Stephens, Registered Manager, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 15 patients and seven staff. Questionnaires were also left in the home to obtain feedback from patients and patients’ representatives. Ten patients’ questionnaires and ten patients’ relatives/representatives questionnaires were left for distribution. The inspector provided the registered manager with ‘Have we missed you cards’ which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rotas from 1 September to 15 September 2020
- three staff competency and capability assessments
- five patients’ care records
- complaint records
- compliment records
- two staff recruitment and selection records
- staff training information including induction training
- staffs annual appraisal and supervision planner
- a sample of governance audits/records
- accident/incident records
- a sample of the monthly monitoring reports
- infection prevention and control procedures

- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 13 and 14 November 2019. No further actions were required to be taken following this inspection.

<table>
<tr><th colspan="3">Areas for improvement from the last care inspection</th></tr>
<tr><th colspan="2">Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</th><th>Validation of compliance</th></tr>
<tr><td rowspan="2">Area for improvement 1

Ref: Regulation 14 (2) (a) (c)

Stated: First time</td><td>The registered person shall ensure substances hazardous to health are securely stored and appropriately supervised when in use.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
The review of the environment during the inspection evidenced that substances hazardous to health were being stored appropriately.</td></tr>
<tr><td rowspan="2">Area for improvement 2

Ref: Regulation 38.3

Stated: First time</td><td>The registered person shall ensure that patients have appropriate care plans in place to direct staff in management of their assessed needs.

This area for improvement is made in reference to management of infections.</td><td rowspan="2">Met</td></tr>
<tr><td>Action taken as confirmed during the inspection:
The review of five patient care records evidenced that planned care was reflective of assessed needs.</td></tr>
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Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref**: Standard 38.3 **Stated:** First time	The registered person shall ensure any gaps in an employment record are explored and explanations recorded. **Action taken as confirmed during the inspection**: The review of two staffs' recruitment and selection files evidenced that the employment history of the applicants had been recorded and explored and there were no evident gaps in employment noted.	**Met**
Area for improvement 2 **Ref**: Standard 40.2 **Stated:** First time	The registered person shall ensure all staff have a recorded supervision no less than every six months and annual appraisal. A supervision and appraisal schedule shall be in place, showing completion dates and the name of the supervisor and appraiser. **Action taken as confirmed during the inspection**: The supervision planner and records were reviewed and evidence was present that the process was on-going, up to date and signed by both the supervisor and staff member.	**Met**
Area for improvement 3 **Ref**: Standard 4.9 **Stated:** First time	The registered person shall ensure daily evaluation records are meaningful and patient centred. **Action taken as confirmed during the inspection**: Five patient care records were reviewed and evidence was present that the evaluation records were written in a person centred manner.	**Met**
Area for improvement 4 **Ref**: Standard 41 **Stated:** First time	The registered person shall ensure that staff meetings take place on a regular basis, at a minimum quarterly. **Action taken as confirmed during the inspection**: The review of the minutes of the staff meetings evidenced that meetings had taken place on a regular and at least quarterly basis.	**Met**

There were no areas for improvement identified during the last medicines management inspection.

6.2 Inspection findings

6.2.1 Staffing

We could see that the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager's hours were recorded on the rota.

The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of patients accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the patients and provide the correct level of support.

The staff reported that they all work together for the benefit of the patients. Staff spoken with told us that they felt well supported in their roles and were satisfied with the staffing levels. Staff said:

- "I feel well supported here."
- "There's plenty of training going on."

We reviewed three staff competency and capability assessments and found that these were in place for staff in charge of the home in the manager's absence.

We reviewed the minutes of staff meetings which confirmed that staff meetings were recently held in July 2020 for day staff and September 2020 for night staff. Records of those in attendance were maintained.

Staff training schedules which were reviewed evidenced that mandatory training was being provided for staff and maintained on an ongoing basis. The manager advised that additional training was also provided for staff as and when required, for example; infection prevention and control procedures were discussed at staff meetings and handover reports alongside the scheduled training date/s. Induction training records were present in the two staff recruitment and selection files selected for review as well as a comprehensive and signed induction for agency staff new to the home.

6.2.2 Infection prevention and control procedures

Signage had been erected at the entrance to the home to reflect the current guidance on COVID-19. Anyone entering the home had a temperature and symptom check completed. In discussion with staff there was confusion as to the frequency of having their temperature taken when on duty and if this information was recorded. Records were not available at the time of the inspection. The need for consistent recording was discussed with the manager and has been identified as an area for improvement.

One of the housekeeping staff spoken with advised that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of daily cleaning duties were maintained along with advice and guidance for housekeeping staff. The staff

member commented; “I feel safe working here, we’ve had plenty of training and if you’ve any queries they (management) get it sorted quickly.”

We observed that staff used PPE according to the current guidance. The staff had identified changing facilities where they could put on their uniform and the recommended PPE (personal protective equipment). PPE was readily available and PPE stations were well stocked. Staff told us that sufficient supplies of PPE had been maintained throughout the COVID-19 outbreak. Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times. We discussing PPE procedures with staff and they were able to describe the correct procedures for ‘donning’ and ‘doffing’ of their PPE.

An inspection of the internal environment was undertaken; this included observations of a number of bedrooms, en-suites, bathrooms, a lounge, dining areas and storage areas.

The majority of patients’ bedrooms were found to be personalised with items of memorabilia and special interests, this was to the preference of the individual. All areas within the home were observed to be odour free and clean. Walkways throughout the home were kept clear and free from obstruction. The most recent fire risk assessment was viewed and was dated 13 January 2020. Evidence was present that any recommendation made as a result of the risk assessment had been addressed.

Some redecoration work was already completed within the home and the manager was aware of the further needs of the home. However, due to the current pandemic this work was either suspended or prioritised to essential maintenance. We observed a clinical waste bin which was in need of repair. The manager was informed of this and stated that this would be viewed as a priority and replaced immediately.

6.2.3 Care delivery

We observed that patients looked well cared for; they were generally well groomed and nicely dressed. We observed that a number of patients in one of the units did not have socks or stockings on. We brought this to the attention of staff who stated there none were available in their bedrooms when the patients were being assisted to dress in the morning. This was brought to the attention of the manager who stated he would ensure this did not happen again.

It was obvious that staff knew the patients well; they spoke to them kindly and were very attentive. Patients appeared to be content and settled in their surroundings and in their interactions with staff. Patients who were in bed appeared comfortable, personal care needs had been met and call bells were placed within easy reach for those patients. The atmosphere in the home was calm, relaxed and friendly.

Some comments made by patients included:

- “They (staff) look after me very well.”
- “They’re all very good and I’m not easy done by.”
- “I think they have managed the containment of the virus very well, no one has had it. “

The staff told us that they recognised the importance of maintaining good communication with families whilst visiting had been suspended due to the current pandemic. The care staff assisted patients to make phone calls with their families in order to reassure relatives, (where possible). Arrangements had been in place on a phased appointment basis to facilitate relatives visiting their loved ones at the home however management had stopped visiting recently due to a spike of the virus in the area and families had been informed of this. There were six questionnaires returned from patients who stated they were satisfied or very satisfied with the care and services provided by the home. Additional comments included:

- “Staffing levels can be short sometimes.”
- “All very good.”

There were no questionnaires completed and returned to RQIA from patients’ representatives or staff at the time of issuing the report.

We observed patients engaged in activities. Patients were enjoying armchair aerobics in one of the lounges and the activities programme was displayed throughout the home. A number of patients were watching television in their own bedrooms. One staff commented they would like to have more time to spend with patients on an individual basis and commented “we’re the only family some of the patients have” however the staff member recognised that in the current time this wasn’t always possible.

We observed the serving of the lunchtime meal and found this to be a pleasant and unhurried experience for residents. Staff were helpful, attentive and demonstrated their knowledge of patients’ dietary preferences.

We discussed the approach to dementia care with the manager as we queried the mealtime arrangement and the seating arrangements in this unit. The manager stated that a rostered staff member was not available for duty that morning and this had impacted on the daily routine and the manager agreed to review the seating arrangement as viewed at the time of the inspection.

6.2.4 Care records

We reviewed five care records which evidenced that care plans were in place to direct the care required and reflected the assessed needs of the residents. Two exceptions were noted and discussed with the manager. The fluid intake for one patient was not being consistently recorded and a care plan for the mouth care (oral hygiene) of another patient did not accurately reflect the patient’s need in this area. This has been identified as an area for improvement. The records were written in a professional manner and used language which was respectful of patients.

There was evidence within care records of care plans and associated risk assessments being completed and reviewed on a regular basis. Care plans were updated to reflect recommendations from the multi-disciplinary team and current guidance relevant to their assessed needs, for example, recommendations from the speech and language therapist (SALT) or dieticians were included. Risk assessments including the management of falls were also present.

Review of the progress notes and evaluations of care confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting patients' needs, as required.

6.2.6 Governance and management arrangements

There was a clear management structure within the home and the manager was available throughout the inspection process. The manager retains oversight of the home. All staff and patients spoken with commented positively about the manager and described him as supportive and approachable. One comment from staff was: "If you've any queries they get sorted quickly".

A system of audits was in place in the home. Examples of such audits reviewed were: the management of IPC, the environment and PPE compliance among staff. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.
We reviewed the reports of accidents and incidents. We noted where an unwitnessed fall had occurred and medical attention was sought. We discussed the management of unwitnessed falls and the manager clearly defined staffs response in relation to any fall which may happen.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. The visits are undertaken by the area manager for the organisation and apart from a 'gap' at the beginning of the 'lockdown' period, the monthly reports of the visits were present. An action plan within these reports had been developed to address any issues identified which included timescales and the person responsible for completing the action. Evidence was present of the numerous visits and support to the home by the area manager aside from the monthly monitoring reports.

Areas of good practice

Evidence of good practice was found in relation to maintaining patients' dignity and privacy. We observed friendly, supportive and caring interactions by staff towards patients and we were assured that there was compassionate care delivered in the home. Governance and management systems were in place and were consistently reviewed and evaluated. Infection prevention and control procedures were being adhered to.

Areas for improvement

Areas for improvement were identified in relation to maintaining consistent records of staffs temperatures when commencing duty and for patients care records to accurately reflect patient assessed need and the monitoring of individuals daily fluid intake (where prescribed).

	Regulations	Standards
Total number of areas for improvement	0	2

6.3 Conclusion

Throughout the inspection, patients within the home were attended to by staff in a respectful manner. The environment was clean and tidy. Feedback from patients evidenced that they were very satisfied with the standard of care being provided. Governance and management arrangements were satisfactory and evidenced regular review. Two areas for improvement were identified.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Leslie Stephens, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 **Ref**: Standard 46.1 **Stated:** First time **To be completed by:** Immediately	The registered person shall ensure that accurate and consistent records are being maintained to evidence the monitoring of staffs' temperatures in accordance with regional guidance. Ref: 6.2.2 **Response by registered person detailing the actions taken:** Staff temperatures are monitored BD. They are all recorded and filed in nurses stations.
Area for improvement 2 **Ref**: Standard 4 **Stated:** First time **To be completed by:** 30 September 2020	The registered person shall ensure that any plan of care for a patient accurately reflects their assessed needs and that fluid intake records are maintained in a consistent manner. Ref: 6.2.4 **Response by registered person detailing the actions taken:** Discussed with all nurses what is required in plans of care. Random audits carried out to ensure systems in place.

Please ensure this document is completed in full and returned via Web Portal

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