

Inspection Report

22 and 23 May 2023



Larne Care Centre

Type of service: Nursing Home
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www.rqia.org.uk

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: Mr Ed Coyle</p>	<p>Registered Manager: Mr Frank Mudie (Acting – no application required)</p>
<p>Person in charge at the time of inspection: Mr Frank Mudie</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.</p> <p>The home is approved to provide nursing care for two named patients in categories NH-LD and LD(E) accommodated in the Carnlough Unit.</p> <p>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 DE – Dementia PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years TI – Terminally ill.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 65 (22 May 2023) 64 (23 May 2023)</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 ground floor provides care for people living with dementia.</p>	

2.0 Inspection summary

An unannounced inspection took place on 22 May 2023, from 9.20 am to 4.20 pm and 23 May 2023, from 10.00 am to 3.00 pm 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 for improvement identified during the inspection are detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0.

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 unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA were assured that the delivery of care and service provided in Larne Care Centre was safe, effective, and compassionate and that the home was well led.

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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires 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 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.

The findings of the inspection were discussed with Frank Mudie, manager at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "The staff can't do enough for me", "This is a brilliant home", "I am happy in here", "This is a beautiful place" and "The food is lovely". The patients described the staff as "Very good, kind and brilliant".

18 staff were spoken with; they all commented on the support provided by the Manager and they felt that he was very approachable. Staff also told us they enjoyed coming to work and caring for the patients, staff commented on how teamwork was very good in the home. One staff member told us "I love my job".

Two relatives were spoken with and they expressed no concerns regarding the care their loved one received in Larne Care Centre.

There was no response from the staff online survey and no questionnaires were returned within the allocated timeframe.

A record of compliments received about the home was kept and shared with the staff team.

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 25 April 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 14 (2) (a) (c) Stated: First time	<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>	Not met
	<p>Action taken as confirmed during the inspection: A number of tubs of thickening agents were observed unsecured within two units of the home.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	
Area for Improvement 2 Ref: Regulation 13 (7) Stated: First time	<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>	Met
	<p>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	

Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 35.16 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 43 Stated: First time	The registered person shall ensure that all patients have effective access to the nurse call system or nurse supervision as required.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 29 Stated: First time	The registered person shall ensure that handwritten entries on the medicines administration records are verified and signed by two members of staff. Also, the start dates should always be specified on the medicines administration record sheets.	Met
	Action taken as confirmed during the inspection: Four patients medicine administration records were reviewed in relation to handwritten entries. The inspection findings were discussed with the pharmacist inspector who agreed to meet this area for improvement.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect patients.

There were systems in place to ensure staff were trained and supported to do their job. The Manager retained good oversight of staff compliance with their training requirements.

A matrix system was in place for staff supervision and appraisals to record staff names and the date that the supervision/appraisal had taken place.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

Staff who take charge in the home in the absence of the Manager had completed relevant competency and capability assessments.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the Manager was not on duty. The Manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met.

Staff members were seen to respond to patients' needs in a timely manner and were seen to be warm and polite during interactions. It was clear through these interactions that the staff and patients knew one another well.

Staff said that they felt well supported in their role and found the Manager to be accessible and very approachable. Staff spoke positively on the teamwork in the home.

Patients consulted spoke highly on the care that they received and confirmed that staff attended to them when they needed them and that they would have no issues on raising any concerns that they may have to staff.

5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patient's needs, preferred daily routines, likes and dislikes.

It was observed that staff provided care in a caring and compassionate manner. Staff 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 were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Patients were well presented in their appearance and told us that they were happy living in the home.

Patients' needs should be assessed at the time of their admission to the home. Following this initial assessment, care plans and risk assessments should be developed in a timely manner to direct staff on how to meet the patients' needs. A review of two newly admitted patients' care records evidenced that their risk assessments had not been developed in a timely manner. This was discussed with the Manager and an area for improvement was identified.

Otherwise care records were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

A record was kept of what patients had to eat and drink. Patients had been assessed and prescribed a fluid target, however; there no evidence of daily oversight and ongoing management by the registered nurses when a patient had not met their 24-hour fluid target. An area for improvement was identified.

The care staff recorded what patients had to eat and drink daily where appropriate, however, some records lacked detail of the actual food consumed. This was discussed with the Manager who agreed to emphasise with care staff the importance of adding this detail to the food and fluid records. This will be followed up on a future inspection.

Patients who were less able to mobilise were assisted by staff to change their position. However, a review of repositioning records evidenced that they were not time specific. An area for improvement was identified.

Patients who required care for wounds had this clearly recorded in their care records and records evidenced the wounds were dressed by the nursing staff as planned.

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.

Examination of records and discussion with the Manager confirmed that the risk of falling and falls were well managed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required. The appropriate care records were reviewed and updated post fall.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple encouragement through to full assistance from staff. The mealtime was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous. There was a variety of drinks available. Staff attended to patients in a caring manner. The patients commented positively about the food.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm, clean and comfortable. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home.

Some environmental deficits were identified; within the kitchenette areas of several units the work surfaces and cupboards were observed damaged and worn and the small electrical kitchen appliances needed replacing; for example, toasters and microwaves.

Within the Glenarm unit the bedroom floors were observed with splashes of paint from previous painting of the rooms. This was discussed with the Manager who was asked to formulate a time bound action plan to address the environmental deficits identified and share this information with RQIA. An area for improvement was identified.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire drill records were examined and there was evidence of frequent fire drills, however, we discussed the current documentation in use with the Manager as to how this could be improved to add some additional important information. This will be reviewed at a future inspection.

Several tubs of food and fluid thickening agent were observed in two kitchenette areas; these should be securely stored when not in use. An area for improvement was stated for a second time. In addition, cleaning chemicals were observed unsecured in one unit, an area for improvement was identified to ensure staff compliance with the Control of Substances Hazardous to Health (COSHH) regulations.

Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

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. Other patients preferred to enjoy their meals in their bedroom. Patients were observed doing arts and crafts, reading newspapers/magazines, listening to music or watching TV, chatting with staff, while others enjoyed a visit from friends or family.

Patients appeared to be content and settled in their surroundings and in their interactions with staff.

There was a range of activities provided for patients by activity staff and the schedule of planned activities was displayed. Activity records were maintained which included patient engagement with the activity sessions.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mr Frank Mudie is currently the acting Manager of Larne Care Centre.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Staff commented positively about the Manager and said he was supportive and approachable. Staff also said that communication within the home was good and that they felt they were kept well informed.

The Manager maintained records of regular staff and departmental meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

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; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 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)**.

	Regulations	Standards
Total number of Areas for Improvement	3*	3

*the total number of areas for improvement includes one Regulation that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Frank Mudie, 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: Second time</p> <p>To be completed by: 22 May 2022</p>	<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: 5.1 and 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Each unit now has a locked storage box in order to prevent residents gaining access to thickening agents. Each box has a combination code. Staff are to replace thickeners in this box when not in use.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 31 July 2023</p>	<p>The registered person shall ensure the environmental deficits identified as part of this inspection are addressed.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A programme of environmental repairs and replacement of items has been developed regarding items identified in the inspection. This programme is currently in progress.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that chemicals are stored securely in accordance with COSHH regulations.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A supervision has been carried out with all domestic staff to remind them that all cleaning products in use are to be within</p>

	<p>sight of the domestic and that they are fully aware of the safe use and storage of said items. This will be monitored by the manager going forward.</p>
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Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
<p>Area for improvement 1</p> <p>Ref: Standard 4.1</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that patient risk assessments are completed within the required time frame following admission to the home.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: All nursing staff have been made aware that all risk assessments are to be completed within 24 hrs of admission of a resident. The Nurse manager will be monitoring this going forward to ensure there are no deficits. Any issues will be discussed in the daily flash meeting to ensure full compliance.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the daily fluid intake of patients is meaningfully and regularly reviewed by nursing staff.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: Staff are to document fluid totals over the 24 hr period and this is to be handed over to nursing staff in the morning to action any deficits. Daily flash meeting are conducted where the manager documents any clinical concerns, one of which is low fluid and food intake.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that time specific repositioning records are accurately maintained.</p> <p>Ref: 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: New repositioning charts have been devised and are on order. These are more detailed and enable the exact re-positioning time to be inputted onto the charts. These will be in place by Friday 7th July.</p>

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