



The Regulation and
Quality Improvement
Authority

Larne Care Centre
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BT40 1AU

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**Unannounced Care Inspection
of
Larne Care Centre**

23 February 2016

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 23 February 2016 from 09.40 to 17.40.

The focus of this inspection was continence management which was underpinned by selected criteria from:

Standard 4: Individualised Care and Support
Standard 6: Privacy, Dignity and Personal Care
Standard 21: Health Care
Standard 39: Staff Training and Development

Overall on the day of the inspection, the care in the home was found to be safe, effective and compassionate. The inspection outcomes found no significant areas of concern; however, some areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) within this report.

For the purposes of this report, the term 'patients' will be used to describe those living in Larne Care Centre which provides both nursing and residential care.

1.1 Actions/Enforcement Taken Following the Last Care Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last care inspection on 28 and 29 October 2015.

1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	6

The details of the Quality Improvement Plan (QIP) within this report were discussed with Leslie Stephens, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Larne Care Centre Colin Nimmon	Registered Manager: Leslie Stephens
Person in Charge of the Home at the Time of Inspection: Leslie Stephens	Date Manager Registered: 3 October 2014
Categories of Care: RC-I, RC-PH, RC-PH(E), NH-LD(E), NH-DE, NH-I, NH-LD, NH-PH, NH-PH(E), NH-TI	Number of Registered Places: 83
Number of Patients Accommodated on Day of Inspection: 76	Weekly Tariff at Time of Inspection: £604 - £644 per week NH-DE, NH-I, NH-TI £643 - £699 per week NH-PH, NH-PH(E), NH-LD, NH-LD(E)

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the selected criteria from the following standards have been met:

Standard 4:	Individualised Care and Support, criterion 8
Standard 6:	Privacy, Dignity and Personal Care, criteria 1, 3, 4, 8 and 15
Standard 21:	Health Care, criteria 6, 7 and 11
Standard 39:	Staff Training and Development, criterion 4

4. Methods/Process

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

- discussion with the registered manager
- discussion with the area manager
- discussion with the registered nurses
- discussion with care staff
- discussion with patients
- a general tour of the home and review of a random selection of patients' bedrooms, bathrooms and communal areas
- examination of a selection of patient care records
- examination of a selection of records pertaining to the inspection focus
- observation of care delivery
- evaluation and feedback

During the inspection, the inspector met with 15 patients individually and with others in smaller groups; four care staff, two registered nurses and ancillary staff.

Prior to inspection the following records were analysed:

- the registration status of the home
- written and verbal communication received by RQIA since the previous care inspection
- the returned quality improvement plan (QIP) from the care inspection of 3 June 2015

The following records were examined during the inspection:

- staff duty rotas
- care records relating to:
 - restrictive practice
 - behaviours that challenge
 - continence management
- staff training records

5. The Inspection

5.1 Review of Requirements and Recommendations from the Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 28 and 29 October 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of Requirements and Recommendations from the Last Care Inspection dated 28 and 29 October 2015

Last Care Inspection Statutory Requirements		Validation of Compliance
<p>Requirement 1</p> <p>Ref: Regulation 12 (1) (a) and (b)</p> <p>Stated: Second time</p>	<p>The registered person shall provide treatment, and any other services to patients in accordance with the statement of purpose, and shall ensure that the treatment and other services provided to each patient-</p> <p>(a) meet his individual needs; (b) reflect current best practice</p> <p>This requirement pertains to further training/information for all staff in responding to behaviours. Nursing staff should also undertake training in prescribing care plans in relation to behaviours that challenge.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Staff training records confirmed 23 staff had completed training in responding to behaviours that challenge in 2015. The minutes of a staff meeting held in November 2015 also confirmed that the issues identified at the inspection of 28 and 29 October 2015 had been discussed with staff. The minutes of the meeting evidenced staff had been informed of best practice in responding to behaviours that challenge.</p>	

<p>Requirement 2</p> <p>Ref: Regulation 14 (4)</p> <p>Stated: Second time</p>	<p>The registered person shall make arrangements by training staff or by other measures to prevent patients being harmed or suffering abuse or being placed at risk of harm or abuse.</p> <p>This requirement pertains to further training/information for staff in the management of restrictive practice/restraint.</p> <p>Action taken as confirmed during the inspection: Staff training records confirmed that staff had completed training regarding restrictive practice in 2015 and most recently in February 2016. The training was provided by Angela Dorrian, area manager for the Wilson Group.</p>	<p>Met</p>
<p>Last Care Inspection Recommendations</p>		<p>Validation of Compliance</p>
<p>Recommendation 1</p> <p>Ref: Standard 12.3</p> <p>Stated: Second time</p>	<p>It is recommended management ensure choice is available and offered to patients who require a therapeutic or specialised diet.</p> <p>Action taken as confirmed during the inspection: Observation of the evening meal and a review of the patients' menu choice record confirmed patients who require a therapeutic diet are afforded choice at mealtimes.</p>	<p>Met</p>
<p>Recommendation 2</p> <p>Ref: Standard 4.8</p> <p>Stated: First time</p>	<p>Nursing staff should ensure all nursing and social care interventions, activities and procedures are appropriate to individual needs and supported by current evidence and best practice guidelines as set by both national and local standard setting organisations and professional bodies. Evidence should be present that care plans in respect of the use of restrictive practice and behaviours that challenge are in accordance with best practice guidelines.</p> <p>Action taken as confirmed during the inspection: A review of patient care records confirmed that five of the six care records reviewed evidenced that care planning, regarding the use of a restrictive practice and/or behaviours that challenge, were in accordance with best practice guidelines. One care record did not evidence best practice guidelines had been followed regarding behaviours that challenge. This will be discussed further in section 5.4.1 of this report.</p>	<p>Met</p>

Recommendation 3 Ref: Standard 35.6 Stated: First time	Governance arrangements in respect of the quality monitoring of care records, the environment and meals and mealtimes should have an increased focus until such times as management deem best practice is consistently being achieved.	Met
	Action taken as confirmed during the inspection: Quality assurance audits in respect of care records, the environment and meals and mealtimes evidenced that these audits were completed on a regular basis. An audit of meals and mealtimes is completed on a daily basis. Evidence was present that where a shortfall had been identified remedial action had taken place. The area manager confirms through review, the quality audits which have been completed from the date of her last visit and validates the outcome of the audit.	

5.3 Contenance Management

Is Care Safe? (Quality of Life)

Policies and procedures were in place to guide staff regarding the management of continence.

A resource file on the management of continence/incontinence had been developed and was available for staff. The file included organisational, regional and national guidelines. Information within the reference folder included:

- Improving Continence Care for Patients (RCN)
- Continence Care in Care Homes (RCN)
- Catheter Care (RCN)
- Guidance on the management of indwelling urinary catheters (SHSCT)
- Urinary Incontinence (NICE)

There was evidence of guidance documentation made available for staff to read. A signature sheet was also available to evidence the date the information had been read and by whom.

Discussion with staff and the registered manager confirmed that training regarding the management of the urinary and bowel continence care had been completed by 16 staff in January 2015 and stoma care management training had been scheduled for 24 January 2016. The area manager informed that training is being sourced for 2016 from a training agency. The registered manager also informed the inspector that there was support, and training opportunities from the local health and social care trust, if staff required an update in their training of catheterisation and/or the management of stomas. However, the review of six patients' care records regarding continence management did not evidence a consistent approach to continence management. Continence management training should be viewed as a priority for staff and a recommendation is made.

There was no identified link nurse for continence management. This was discussed with the registered manager and consideration will be given, following further training this year, to identify a link nurse.

Staff were knowledgeable about the important aspects of continence care including the importance of dignity, privacy and respect as well as skincare, hydration and reporting of any concerns.

Observation during the inspection evidenced that there were adequate stocks of continence products available in the nursing home.

Is Care Effective? (Quality of Management)

Review of six patients' care records evidenced that a continence assessment was in place in the care records. The assessments, which were reviewed, did not evidence a consistent approach to the completion of the assessment or identify the type of product required to meet the patient's individual continence needs. A recommendation is stated. A care plan was in place to direct the care to meet the needs of the patients. However, care plans did not consistently include information regarding the specific type of continence aid required. A recommendation is made.

There was evidence in the patients' care records that the continence assessment and corresponding care plans were reviewed and updated on a monthly basis or more often as deemed appropriate. However, the review of one patient's care records evidenced the patient required increased support from staff regarding continence management. The review of the continence assessment and care plan did not reflect this. The patient's continence assessment and care plan had been reviewed by a registered nurse but did not reflect changing need. This was discussed with the registered manager. It was agreed the assessment and care plan would be revised to reflect current need. A recommendation is made.

The promotion of continence, skin care, fluid requirements and patients' dignity were addressed in the care plans inspected. Care plans referred to patients normal bowel patterns and care staff maintained a record using the Bristol Stool chart of bowel movements. Nursing staff stated patients' bowel function is monitored on a daily basis by care staff who maintain an individual record. However, there was no evidence in patient's progress records that nursing staff were monitoring and evaluating patients' bowel function. A recommendation is made.

Fluid targets had been identified within the patient care records and any shortfall of these targets was clearly recorded to include actions taken to address the shortfall.

Urinalysis was undertaken as required and patients were referred to their GPs appropriately.

The management of urinary catheters was reviewed. Registered nurses (RNs) spoken with were knowledgeable regarding the management of urinary catheters and the rationale for the use of urinary catheters. Urinary catheters were only inserted on the instructions of the patient's GP or consultant.

Care plans relating to the management of urinary catheters did contain information regarding the frequency of changing the catheter in accordance with the type and evidenced based practice and that 'catheter care' was to be provided.

Review of patient's care records evidenced that patients and/or their representatives were informed of changes to patient need and/or condition and the action taken.

Is Care Compassionate? (Quality of Care)

Discussion with the registered manager confirmed that where patients or their families have a personal preference for the gender of the staff providing intimate care their wishes would be respected, as far as possible. Arrangements were in place for the deployment of staff, if required, to ensure that patients' wishes were adhered to.

Staff were observed to attend to patient's continence needs in a dignified and personal manner.

Patients spoken with confirmed that they were treated with dignity and respect, that staff were polite and respectful and that their needs were met in a timely manner. Good relationships were evident between patients and staff.

Patients who could not verbally communicate appeared well presented and displayed no signs of distress. The patients appeared comfortable in their surroundings.

Areas for Improvement

It is recommended that training in respect of continence management is provided for staff.

It is recommended that a consistent approach is in evidence to the completion of continence assessments and care plans by nursing staff. The type of product required, if any, should be stated.

It is recommended that evidence is present in patients' care records that nursing staff are monitoring patients' bowel function.

It is recommended that where patients' continence needs change the assessment of need and care plan accurately reflect the changing need.

Number of Requirements:	0	Number of Recommendations:	4
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5.4 Additional Areas Examined

5.4.1 Nursing Care Records

As previously discussed in section 5.3 recommendations have been made regarding the accurate completion of care records in respect of continence management. During the review of care records an issue arose regarding the management of behaviours that challenge. It was stated in a patient's care plan that behavioural charts were being maintained. There was no evidence of the behavioural charts being maintained, in discussion nursing staff had no knowledge of the behavioural charts and a care plan had not been written regarding the management of the behaviour. A recommendation is made that nursing staff implement a consistent and accurate approach to the planning of care regarding behaviours that challenge.

It was concerning that care which had been prescribed had not been implemented and that the omission had not been taken account of during the regular review and evaluation of the patient's care.

5.4.2 The Environment

All areas of the home which were viewed were clean and bright and a good standard of hygiene was evident. There were no malodours in the home.

Two issues of concern arose in one unit. The issues were in relation to the call bell system and hold open devices on bedroom doors.

A number of bedrooms did not have a call bell either accessible or present for patient's to alert staff in times of need. This was discussed with the registered manager who undertook an inventory of the call bell system in the unit during the inspection. Also, the call bell system in two patients' bedrooms was flashing and did not appear to have either been answered or cancelled. Again this was discussed with the registered manager who informed that the call bell system had been serviced on 9 February 2016 however the call point required to be deactivated by staff by pushing it twice. Staff had not done this. The registered manager agreed to discuss the cancelling of the call bell with staff. The registered manager stated he would ensure there was a call bell lead in each bedroom and that the lead was readily accessible for patients' whilst in bed. RQIA received confirmation on 7 March 2016 that the call bell system was fully operational and call bell leads were accessible for patients.

Discussion also took place regarding the use of hold open devices on the bedroom doors of patients who prefer to stay in their rooms. The registered manager stated that the two patients' bedrooms doors which were observed to be held open by a chair was due to the fact that new batteries for the hold open device were needed. The batteries were replaced. Confirmation was received from the registered manager on 1 and 7 March 2016 that the door hold open device system was being updated and subsequently new devices had been ordered. The registered manager is to confirm with RQIA when the new system has been installed. It is the expectation that environmental and/or health and safety quality assurance audits should have identified the shortfalls observed on inspection. A recommendation is made.

5.4.3 Patient, Relatives and Staff Views

During the inspection process, 15 patients, four care staff, two ancillary staff members and two registered nurses were consulted with to ascertain their personal view of life in Larne Care Centre. The feedback from the patients, representatives and staff indicated that safe, effective and compassionate care was being delivered.

Patients expressed their satisfaction with the care afforded to them by staff.

Comments included:

'I like it here.'

'Staff are good fun.'

'I like the food, it's very good.'

Two patients raised an issue regarding the provision of activities in one of the units. Patients stated it can be a 'long day' and 'don't have activities we like to do.' These comments were discussed with the registered manager who agreed to review the activities programme in this unit and meet with patients.

One relative met with the inspector. The relative was very happy with the environment of the home and with the care and approach of staff stating, 'they look after the patients' very well and do everything they can.'

Areas for Improvement

It is recommended that nursing staff implement a consistent and accurate approach to the planning of care regarding behaviours that challenge.

It is recommended the quality assurance audits in regarding the environment or health and safety include a review of the call bell system throughout the home and door hold opening devices are fully operational.

Number of Requirements:	0	Number of Recommendations:	2
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Leslie Stephens, Registered Manager, and Angela Dorrian, Area Manager, as part of the inspection process. The timescales commence from the date of inspection.

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 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 (Northern Ireland) 2005.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

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

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 39.4</p> <p>Stated: First time</p> <p>To be Completed by: 2 May 2016</p>	<p>It is recommended that further staff training is sought for all staff who have not yet received training on continence management.</p> <p>Ref: Section 5.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Catheter training (superpubic) training for carers and nurses is being undertaken with dates arranged for May 2016.</p>
<p>Recommendation 2</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be Completed by: 2 May 2016</p>	<p>It is recommended that evidence is present in patient care records of the monitoring and evaluating of patients' bowel function by registered nurses.</p> <p>Ref: Section 5.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Regular careplan audits are carried out and any identified shortfalls are addressed with nurse. This includes the completion and review of risk assessments.</p>
<p>Recommendation 3</p> <p>Ref: Standard 4.7</p> <p>Stated: First time</p> <p>To be Completed by: 11 April 2016</p>	<p>It is recommended that nursing staff accurately and consistently complete nursing care records. This includes the completion and review of risk assessments. Continence assessments and care plans should identify the type of continence product, if any, that is required</p> <p>Ref: Section 5.3</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Continence assessments and care plans now reflect the type of continence product if applicable. Training scheduled for 10th and 17th May 2016.</p>

<p>Recommendation 4</p> <p>Ref: Standard 17.2</p> <p>Stated: First time</p> <p>To be Completed by: 11 April 2016</p>	<p>It is recommended that nursing staff ensure that where an area of need is assessed a corresponding care plan is written. All interventions within care plans should be actioned and evaluated. This refers to the management of behaviours that challenge.</p> <p>Ref: Section 5.4.1</p>		
	<p>Response by Registered Person(s) Detailing the Actions Taken: Where an area of need has been assessed, a corresponding care plan is written. All intervention within careplans should be actioned and evaluated. This applies to all assessed needs, to include behaviours that challenge.</p>		
<p>Recommendation 5</p> <p>Ref: Standard 4.8</p> <p>Stated: First time</p> <p>To be Completed by: 11 April 2016</p>	<p>It is recommended that patients' assessment of need and corresponding care plans accurately reflect patients' wellbeing. As and when patient need changes care documentation should reflect any changes.</p> <p>Ref: Section 5.3</p>		
	<p>Response by Registered Person(s) Detailing the Actions Taken: Care records now reflect any changes in the clients needs and actioned in a timely manner.</p>		
<p>Recommendation 6</p> <p>Ref: Standard 35.6</p> <p>Stated: First time</p> <p>To be Completed by: 4 April 2016</p>	<p>It is recommended the quality assurance audits undertaken regarding the environment or health and safety include a review of the call bell system and door hold opening devices.</p> <p>Ref: Section 5.4.2</p>		
	<p>Response by Registered Person(s) Detailing the Actions Taken: A full audit of call bells was undertaken and replaced as needed. The door hold opening devices were already scheduled to be ordered and are currently being installed.</p>		
<p>Registered Manager Completing QIP</p>	<p>Leslie Stephens</p>	<p>Date Completed</p>	<p>08.04.16</p>
<p>Registered Person Approving QIP</p>	<p>Colin Nimmon</p>	<p>Date Approved</p>	<p>08.04.16</p>
<p>RQIA Inspector Assessing Response</p>	<p>Heather Sleator</p>	<p>Date Approved</p>	<p>11.04.16</p>

Please ensure this document is completed in full and returned to Nursing.Team@rqia.org.uk from the authorised email address