

Unannounced Follow Up Care Inspection Report 20 August 2017



Geanann Care Centre

Type of Service: Nursing Home
Address: 31 Ballygawley Road, Dungannon
Tel No: 028 8775 0101
Inspector: Priscilla Clayton

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for 27 patients and residential care for 27 residents.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Gavin O'Hare-Connolly	Registered Manager: Michelle Devlin
Person in charge at the time of inspection: Eilish Bell - Deputy Manager	Date manager registered: 23 March 2015
Categories of care: Nursing Home (NH) I – Old age not falling within any other category DE – Dementia Residential Care (RC) DE – Dementia	Number of registered places: Total number of registered beds: 54 Comprising: A maximum of 27 shall be accommodated within the Nursing (NH) categories and 27 in category RC-DE Category NH-I restricted to 4 named persons

4.0 Inspection summary

An unannounced inspection of Geanann Care Centre took place on 20 August 2017 from 12.00 to 16.00 hours.

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.

As a result of serious concerns, in relation to the well-being of patients in a nursing home operated by Runwood Homes Ltd, a lay magistrate issued an order to cancel the home's registration. This inspection was undertaken to provide an assurance that appropriate arrangements were in place for the safety and well-being of patients accommodated in this home.

The term "patients" is used throughout this report to describe those living in Geanann Care Centre which provides both nursing and residential care.

The following areas were examined during the inspection:

- management arrangements
- care delivery
- staffing arrangements
- equipment
- behaviours that challenge
- environment
- fire safety

Patients who were able to express their views indicated they were satisfied that the care provided within the centre was good and that staff were always readily available, kind and caring.

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.

The inspector wishes to thank the deputy manager and staff for their warm welcome, co-operation and assistance throughout this inspection.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	3

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Eilish Bell, deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection

No further actions were required to be taken following the most recent inspection on 4 July 2017.

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

During the inspection the inspector met with 10 patients, five staff including the deputy manager and one visitor.

The following records were examined during the inspection:

- RQIA Registration Certificate
- staff duty roster
- three care records
- accident/incidents
- menus
- weight records/monitoring
- fire risk assessment
- fire safety equipment checks

An inspection of the environment was undertaken.

The findings of the inspection were provided to Eilish Bell, deputy manager, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 4 August 2017

The most recent inspection of the home was an unannounced care inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 4 July 2017

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

Management arrangements

The deputy manager, Eilish Bell, was in charge of the home as the registered manager had been redeployed for a limited period of time to another home within the organisation. The deputy manager, who was promoted during February 2017, demonstrated good understanding and knowledge of the systems and processes in place for the daily management of the home. The deputy manager explained she was employed as a staff nurse for approximately eighteen months prior to her promotion to deputy manager and is currently “acting” manager until the registered manager returns to her post.

The “on call” management system provided over the twenty four hour period was discussed with the deputy manager. Records of the arrangements alongside the contact telephone number were reviewed. The deputy manager confirmed that in the main a response would be received when a call was made. However, on some occasions this did not happen. Following the inspection this matter was discussed with the registered manager who explained that at times the mobile contact signal was out of her range. Access to higher management was available if difficulties arose.

Care delivery

Throughout the course of inspection patients were observed to be well cared for with time and attention afforded to their personal care needs. Patients who were able spoke openly with the inspector and confirmed that they were satisfied with their care and life within the home.

Patients who were mobile moved freely around the home. All patients appeared relaxed and comfortable in their surroundings. Several patients were observed sitting within lounges, quietly conversing or reading while others choose to remain in their bedrooms watching television or resting. There was no evidence of aimless wandering or challenging behaviours. Patients were observed to be supervised and assisted by staff in a respectful dignified manner.

Lengthy discussion was held with the deputy manager regarding the high number of notifications submitted to RQIA via the portal system. The deputy manager explained that this was due to unwitnessed slips, trips and falls as the patient may have unknowingly hit their head at the time. In such instances the general practitioner was contacted and notification forwarded to RQIA and classified as uncategorised. The deputy manager also explained that the high incidents of falls had been discussed with the commissioning trust who indicated that incidents were high due to the reporting of everything.

The patient user identifications (ID) submitted via the portal to RQIA was noted to be recorded in a sequential manner which did not allow for specific patient identification and associated incident trends and patterns to be identified or monitored by RQIA. Records held within the home contained a monthly tracker page which reflected the named patient alongside the ID number as recorded within the notification submitted to RQIA. Monthly audit of all accidents and incidents including identification and monitoring of trends/patterns were recorded. Action plans were recorded and communicated to staff during meetings held.

The current system of allocation of the patient's ID number should be reviewed with consideration given to the allocation of a unique ID number which remains the consistent for the duration of the patient's stay within the home. This would enable monitoring and identification of trends and patterns less cumbersome and could be utilised in correspondence in accordance with data protection.

The deputy manager explained that falls were managed in accordance with the falls pathway which included risk assessment; resources, monitoring, reassessment and care planning which included measures in place to minimise the identified risk. The deputy manager explained that action plans developed as a result of audit and any additional measures to minimise the risk of falls were disseminated to staff at "drum beat" meetings held each morning. When required, referrals were made to the commissioning trust's falls risk team. Fall risks and measures in place were also discussed at patient care management review meetings.

Three care records examined contained pre-admission information, individual needs assessments which were complemented with risk assessments. Holistic care plans, progress notes and reviews were also included. There was also good recorded evidence of multi-professional collaboration in planned care.

The deputy manager explained the current management of wound care and how the Department of Health (DoH) Wound Care Formulary and National Institute for Health and Care Excellence (NICE) guidelines were utilised to inform and guide evidenced based practice. Referral to the tissue viability nurse and general practitioner was made as required.

The provision and preparation of patients' meals was discussed and reviewed. The deputy manager explained that seasonal, four weekly rotating menus were in place. These were reviewed and considered to be both varied and nutritious with choice afforded. Special diets, as prescribed by the dietician, were provided. The menu of the day was displayed.

Discreet observation of the serving of meals was undertaken. This was carried out in an unhurried respectful manner. Meals were nicely presented with adequate portions of food served. Staff were observed assisting and supervising patients during the meal. This was undertaken in a respectful unhurried manner.

Records of meals provided each day were maintained alongside daily meal time audits conducted. Audit included; presentation of meals, general ambience in the dining rooms, allocation of staff, and offer of additional food. In addition an audit was also undertaken for patients who choose to have their meal served in their room. The deputy manager confirmed that the outcome of audits undertaken was communicated to staff via morning meetings. Issues arising were always addressed and recorded within the staff communication book. This practice is to be commended.

Patients who spoke with the inspector confirmed that the food was very good and that choice was provided at each meal.

Nutritional risk assessments were undertaken and recorded with interventions reflected within care plans. Patient weight charts were reviewed. These were recorded, in a matrix tracker format; weekly for those patients at high risk of weight loss and monthly for all other patients. The deputy manager confirmed that referral would always be made to the general practitioner and dietician when weight loss is initially identified. Records of food and fluid intake were recorded. Supplementary nutritional drinks and high calorie diets are provided as prescribed for patients at risk. Weights were carefully monitored by staff using the weight tracker and through the new electronic data monitoring system used by the trust dieticians who communicated closely with the home when actual or potential issues arose. The deputy manager reported this was a very effective form of monitoring the nutritional status of patients. This practice was commended by the inspector.

Staffing arrangements

Discussion with the deputy manager and staff confirmed that there was a clear organisational structure within the home which was in keeping with the statement of purpose.

The deputy manager described the planned daily staffing levels and that these were subject to regular review to ensure the identified actual and potential assessed needs of patients were being met. The deputy manager explained that permanent part time staff would usually work extra shifts to provide cover during staff leave or when necessary the organisation's bank staff were also available.

A review of the staff duty roster evidenced the staff and registered manager's hours worked within the home each day. The deputy manager and staff confirmed that staffing levels were satisfactory in meeting the assessed needs of patients. The deputy manager was also aware of the increasing dependency levels of patients and the associated high level of supervision necessary to ensure that care provided was safe. The deputy manager stated that due to the increasing needs of patients the registered manger was seeking approval from senior management for an additional staff nurse for the afternoon/evening shift.

One visitor who spoke with the inspector commended the staff and explained that they were excellent, especially the deputy manager, and that the care provided was very good.

Equipment

A wide range of equipment was available to promote independence of patients and enhance their quality of life. Equipment available included for example; provision of various forms of mobility aids and wheel chairs, mechanical hoists, airwave mattresses and toileting/bathroom aids and appliances. Items of equipment were observed to be clean and in good state of repair. The deputy manager explained that one patient who had recently been assessed by the occupational therapist recommended a specialised chair in order to minimise the risk of falls and this could not be provided by the trust. Action is therefore necessary to ensure that an appropriate chair is made available by the registered person.

Alarm mats were observed within several bedrooms. These were in use to minimise the risk of falls through activation of an alarm to alert staff when stepped on by the patient. The use of some alarm mats which were placed within bedrooms with wooden effect flooring was discussed with the deputy manager as these were observed to slip when stepped on. Action was recommended to have these replaced with non-slip mats.

The provision of air wave mattresses for patients assessed to be at risk of pressure wounds was discussed with the deputy manager. The deputy manager explained that should there be an electricity failure or breakdown a secondary type of protection mattress was positioned under the airwave to prevent undue pressure arising. Airwave mattresses were observed to be in good working order.

Nurse call bells were provided throughout the home. Call bells were observed to be positioned within reach of individual patients. Testing undertaken by the inspector provided confirmation that call bells were working and answered promptly by staff.

One relative who spoke with the inspector stated that the removal of the fresh chilled water machine was greatly missed as this was convenient as she frequently gave her relative refreshing drinks when visiting.

Behaviours that challenge

Discussion with the deputy manager was held regarding one notification of a patient's behavioural challenge with another patient. Care records for this patient evidenced that the assessed risk was clearly identified with appropriate referral made to the commissioning trust. Relevant care plans were in place to direct staff in relation to the management of patient's behaviour in a holistic and compassionate manner. Staff spoken with expressed confidence in regards to managing patients' behaviours in compliance with multidisciplinary team guidance. Staff also demonstrated knowledge and understanding of being aware of each resident's usual conduct, behaviours and means of communication and how their responses and interventions can promote positive outcomes for patients. Staff confirmed their ability to identify predisposing factors which may present as challenging behaviour and with appropriate timely intervention challenging behaviour can be prevented. Staff training in this aspect of care had been provided.

Environment

An inspection of the home's environment was undertaken which included a selection of bedrooms, bathrooms, lounges and dining rooms. All facilities were considered to be clean, tidy, organised. However, four bedrooms rooms which presented with an odour were identified and discussed with the deputy manager who explained that senior management was aware and that replacement of floor coverings within the identified bedrooms had been requested by the registered manager although no date had been arranged to address this matter. The inspector acknowledged the improvement made within the home as several floors had wooden effect flooring fitted.

Further action in regard to the eradication of odour within identified bedrooms was recommended.

Fire safety

The home's fire risk assessment provided for inspection was dated 18 May 2016. This contained five fire safety recommendations which were not dated as having been actioned. The deputy manager was in contact with the maintenance man who confirmed that these had been actioned although not recorded as such. Following the inspection the registered manager confirmed that a review fire risk assessment had been undertaken on 18 May 2017 which the deputy manager was unable to locate at the time of inspection. This was subsequently forwarded to RQIA. One recommendation made by the fire safety officer related to emergency lighting which had been actioned and the date recorded.

All fire doors were observed to be closed and fire exits unobstructed. Weekly and monthly fire equipment records examined provided confirmation of maintenance checks. Patient personal emergency evacuation plans (PEEPS) were in place and readily available if required. Training in fire safety and fire drill were provided for staff as required.

Areas for improvement

Three areas were identified for improvement. These related to the provision of a suitable chair as prescribed by the occupational therapist for one patient; replacement of some alarm mats to nonslip type and eradication of odour arising from carpets within four identified bedrooms.

	Regulations	Standards
Total number of areas for improvement	0	3

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Eilish Bell, deputy 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 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 DHSSPS 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 to via Web Portal for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The Care Standards for Nursing Homes 2015	
Area for improvement 1 Ref: Standard 22.2 Stated: First time To be completed by: 31 November 2017	<p>The registered person shall ensure that the chair type recommended by the occupational therapist is provided to minimise the risk of falls for one patient.</p> <p>Ref: Section 6.3</p> <p>Response by registered person detailing the actions taken: The resident has been provided with a "Monaco" seating chair as assessed by the occupational therapist.</p>
Area for improvement 2 Ref: Standard 43.4 Stated: First time To be completed by: 30 September 2017	<p>The registered person shall ensure that alarm mats which present as a fall risk are replaced with nonslip type.</p> <p>Ref: Section 6.3</p> <p>Response by registered person detailing the actions taken: All alarm mats have been replaced with nonslip type mats..</p>
Area for improvement 3 Ref: Standard 44.1 Stated: First time To be completed by: 31 November 2017	<p>The registered person shall ensure that the odour arising from carpets within four bedrooms is addressed.</p> <p>Ref: Section 6.3</p> <p>Response by registered person detailing the actions taken: Carpets in four bedrooms are being replaced on 14/09/17.</p>

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



The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews