



The **Regulation** and
Quality Improvement
Authority

Geanann Care Centre
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BT70 1NH

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**Unannounced Care Inspection
of
Geanann Care Centre**

21 January 2016

The Regulation and Quality Improvement Authority
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
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1. Summary of Inspection

An unannounced care inspection took place on 21 January 2016 from 10.30 to 16.00 hours. The inspection was undertaken in response to information received by RQIA.

The purpose of the inspection was to seek assurances that the care and welfare of patients in Geanann Care Centre was in accordance with The Nursing Homes Regulations (Northern Ireland) 2005 and DHSSPS Care Standards for Nursing Homes, April 2015.

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.

Recommendations made as a result of this inspection relate to the DHSSPS Care Standards for Nursing Homes, April 2015.

For the purposes of this report, the term 'patients' will be used to describe those living in Geanann 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 10 September 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	1*	2

* The total number of requirements includes a requirement that has been carried forward to the next care inspection as it could not be measured at this inspection.

The details of the Quality Improvement Plan (QIP) within this report were discussed with Michelle Devlin, Registered Manager and Claire Shaw, Deputy Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Countrywide Care Homes Limited / Ms Victoria Craddock	Registered Manager: Ms Michelle Devlin
Person in Charge of the Home at the Time of Inspection: Michelle Devlin, Registered Manager Claire Shaw, Deputy Manager	Date Manager Registered: 23 March 2015
Categories of Care: NH-I, NH-DE, RC-DE	Number of Registered Places: 54
Number of Patients Accommodated on Day of Inspection: 44	Weekly Tariff at Time of Inspection: £470.00 - £593.00

3. Inspection Focus

RQIA undertook this inspection following information received from an anonymous caller expressing their concerns in relation to the following areas;

- staffing levels
- medication management.

It is not the remit of RQIA to investigate complaints made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a potential breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

Following discussion with senior management at RQIA, it was agreed to bring forward the planned inspection and as part of the inspection process the following areas would be reviewed:

- management and staffing arrangements
- care practices.

The inspection also sought to assess progress with the issues raised during and since the previous care inspection.

4. Methods/Process

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

- discussion with the registered manager
- discussion with the deputy manager
- review of a sample of care records
- review of a sample of staff training records
- review of a sample of staff duty rotas
- review of the complaints record
- observation of care practice and delivery
- evaluation and feedback.

During the inspection, the inspector observed all patients and spoke with 10 patients individually and the majority of others in small groups. Two registered nurses, one team leader, four care staff, the activity co-ordinator and three ancillary staff were consulted.

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 10 September 2015. The completed QIP was returned and approved by the care inspector.

Review of Requirements and Recommendations from the Last Care Inspection 10 September 2015

Last Care Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 13 (1) (a) & (b)	The registered manager must ensure that all patients with pressure areas / wounds have the relevant assessments and records are completed in accordance with best practice guidelines. Dressing regimes must be adhered to in accordance with the care plan and wound care records/ observation charts must be completed each time dressings are changed. All records pertaining to pressure/ wound care management are up to date and reviewed as indicated.	Not inspected
	Action taken as confirmed during the inspection: This requirement could not be reviewed during this inspection as there were no patients with pressure /wound management. This requirement has been carried forward for review at a future care inspection.	

Last Care Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 19.2 Stated: First time Carried Forward from last inspection	The registered person/manager shall ensure additional policies and guidelines on continence management are readily available to staff.	Met
	Action taken as confirmed during the inspection: A review of policies pertaining to continence management confirmed that the Continence policy was reviewed in October 2015 and a policy for Urinary Catheterisation was reviewed in October 2015. The following guidelines for continence management were available for staff to reference; <ul style="list-style-type: none"> • Catheter care (RCN) • Urinary incontinence (NICE) • Faecal incontinence (NICE). 	
Recommendation 2 Ref: Standard 32.1 Stated: First time	The registered person/manager should ensure staff are knowledgeable of the reviewed policies and procedures in relation to communicating effectively and palliative/end of life care.	Met
	Action taken as confirmed during the inspection: Policies relating to communicating effectively and palliative/end of life care have been reviewed and have been made readily available to staff with evidence of staff signature and read date. Copies of the policies were visible throughout all units. This recommendation has been met.	

Recommendation 3	The registered person/manager should ensure that care records for patients identified as requiring palliative/end of life care are reviewed to ensure that the care plans are relevant and reflect current/active/acute nursing needs/interventions. All patients should have an assessment undertaken in relation to palliative care/death and dying and outcomes recorded accordingly. Care plans no longer relevant should be discontinued and archived.	Met
Ref: Standard 32.1 Stated: First time	Action taken as confirmed during the inspection: A review of three care records evidenced that assessments had been completed in relation to palliative care/death and dying. Assessment outcomes were reflected in care plans were appropriate. Care plans reviewed were reflective of current identified problems. This recommendation has been met.	

<p>Recommendation 4</p> <p>Ref: Standard 6 Criteria 14</p> <p>Stated: First time</p>	<p>The registered person/manager should ensure that patients personal care needs are regularly assessed and met to include (but is not limited to) hair, nails and grooming needs. Records should be completed to evidence care delivered or not delivered. Training should be provided for all care staff to further enhance the delivery of care in this regard.</p>	
	<p>Action taken as confirmed during the inspection:</p> <p>The majority of patients were observed to be well groomed and appropriately dressed. A number of male patients were observed unshaven at the beginning of the inspection process, staff advised that the rationale for this was that some patients refused this aspect of personal care and this information was reflected in personal care records examined. In addition, staff advised that on occasions this element of personal care would be completed following breakfast and staff were observed attending to this aspect of care during the inspection. Since the last care inspection, improvements were noted in regards to the standard of patients' personal care and presentation. Personal care records have been developed and were recorded to reflect the care delivered / or not delivered. A review of training records evidenced that staff had received training and supervision in regards to this area of practice. One observation made in relation to the presentation of female patients' was discussed with the registered manager. A number of female patients were observed wearing "bed socks" and or no "tights". This was discussed with staff and varied explanations were provided. The registered manager advised that this was not "normal" practice and gave assurances that this would be actioned immediately. This element of personal care and presentation will be monitored at subsequent inspections. This recommendation has been partially met and will not be stated again.</p>	<p>Partially Met</p>

Recommendation 5 Ref: Standard 41 Stated: First time	<p>The registered person/manager should ensure that at all times a minimum skill mix of at least 35% registered nurses and up to 65% care assistants is maintained over 24 hours.</p> <p>A review of a sample of duty rotas for a two week period evidenced that on some occasions the minimum skill mix of 35% for registered nurses was not maintained over the 24 hour period. However, following discussion with the registered manager and evidence available RQIA are satisfied that the current staffing arrangements are appropriate to meet patient needs.</p> <p>This recommendation has been partially met and given the evidence will not be stated again. RQIA will continue to review staffing arrangements at subsequent care inspections.</p>	<p>Partially Met</p>
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5.3 Management arrangements

The registered manager has been in post since November 2014. The home has also recently appointed a deputy manager who commenced employment, October 2015. In previous care inspections it was identified that the home were reliant on the use of agency nurses however, this has greatly reduced and a review of duty rotas and discussion with staff confirmed this information. Discussion with staff confirmed their knowledge in relation to their role and responsibilities. A number of staff spoken with at the inspection expressed that improvements have been made since the appointment of the current registered manager. These improvements including the following:

- greater staff morale and home stability
- better staff relationships and teamwork
- improved staffing levels & reduced agency staff use
- improved quality of care
- Increased training opportunities.

5.4 Staffing arrangements

Information from complaints received by RQIA indicated concerns that staffing levels were not adequate to meet the needs of the patients.

On the day of inspection 11 staff were consulted and no concerns were raised regarding the current staffing levels. Staff spoken with stated that they felt that the staffing levels met the needs of the patients accommodated.

A review of duty rotas for the residential unit, weeks commencing 7 December 2015 and 11 January 2016 evidenced that staffing levels were adequate to meet the needs of the patients. Rotas examined evidenced that from 8am to 8pm, there was one team leader and two care staff rostered for 16 patients. Staff spoken with raised no concerns regarding staffing levels and advised that they could meet the needs of the patients in this unit. No concerns were raised by staff and relatives spoken with at this inspection.

A review of duty rotas for the nursing unit from 11 to 24 January 2016 evidenced that on most occasions the recommended 35% skill mix for registered nurses was maintained. The staffing levels for care staff were evidenced to be maintained above the 65% ratio skill mix as recommended in the DHSSPS Care Standards for Nursing Homes, April 2015. The registered manager advised that the home had recruited additional nurses and when they commenced their employment all shifts would be maintaining the recommended 35% skill mix ratio.

The registered manager confirmed that the current staffing levels and structure for the home met the assessed needs of the patients accommodated and that this is kept under review by the home's management team and the regional care director.

Staff were observed throughout the course of the inspection attending to the needs of the patients in a timely manner. No issues in relation to the provision of care were observed, nor were there any concerns raised regarding staffing levels or quality of care by patients or staff at time of inspection. RQIA will continue to monitor staffing levels at subsequent care inspections to ensure that they are appropriate to deliver care to meet the needs of the patients at any given time.

5.5 Health and Welfare of patients

Information from complaints received by RQIA indicated concerns regarding the Management of Medicines in Geanann Care Centre specifically medicines "lying on the floor". During the course of the inspection there was no evidence of medicines not being managed in accordance with legislative requirements, professional standards and guidelines. Discussion with registered nurses confirmed that they were knowledgeable in the event of a patient being non-compliant with their prescribed medication. Staff spoken with advised of actions and documentation required to manage this aspect of care. No concerns were identified.

A review of repositioning records evidenced that these were not being consistently recorded accurately. For example the charts did not reflect the actual position of the patient following repositioning and comments on the condition of the patient's skin were not consistently recorded. A recommendation has been made.

5.6 Meals and Mealtimes

The serving of the lunch time meal for patients in the nursing dementia unit was observed. Observations prior and during the lunchtime meal service evidenced that dining tables were appropriately set. Pictorial and word menus were in place and available to patients however the menu displayed did not reflect the food provided. A choice of meal was not available for those patients who required a modified diet and the majority of patients were provided with "milk" as a drink, no choice was provided. At the point of serving, staff did not always interact with the patients, for example staff did not tell the patient what the meal served was or ask the patient if this was their preferred choice. Registered nursing and care staff were assisting and supervising the lunch mealtime.

Some patients were observed having their meal in their bedroom or another area of the home. The meals were transported on a trolley and some meals were observed uncovered. The trolley was disorganised with meals placed among used utensils. The staff member assisting with the meals outside the dining room advised that they were under pressure trying to serve the meal, supervise and provide assistance to those patients who required help.

Overall the dining experience for patients in the nursing dementia unit was not in accordance with best practice guidelines. All of the issues identified were discussed with the registered manager, who should review the mealtime experience in the nursing dementia unit to ensure that patients' nutritional needs are met in line with current best practice. A recommendation has been made.

5.7 The Environment

A general inspection of the home was undertaken which included a random sample of bedrooms, bathrooms, communal areas and dining rooms. The home was found to be warm, well decorated and clean in most areas examined apart from the Servery area located beside the dining room in the nursing dementia unit. This area examined was below the standard of cleanliness expected. This was discussed with the registered manager who gave an assurance that this would be addressed immediately.

5.8 Complaints records

A review of the complaints record evidenced that no complaints had been recorded since the previous care inspection 10 September 2015. The registered manager advised that no complaints had been received. The review of the complaints held confirmed that records were appropriately maintained.

5.9 Consultation with Patients, Representatives and Staff

During the inspection process, 10 patients, 11 staff and two patient representatives were consulted with to ascertain their personal views of life and care in Geanann Care Centre. The feedback from the patients, representatives and staff indicated that safe, effective and compassionate care was being delivered. Some patients' comments received are detailed below:

- "It couldn't be any better."
- "We are all been looked after well."
- "The food is good."
- "Staff are very good and kind."

The two patient representatives spoken with were positive about the care provided. They advised that they are kept informed of any changes pertaining to the care of their relatives and that staff were good and kind. No concerns were raised.

Discussions with staff indicated that they were satisfied with the standard of care delivered in Geanann Care Centre. Staff advised that the home had improved in many areas since the appointment of the registered manager. Some staff comments received are detailed below:

- “I love it here.”
- “A lot of improvements have been made since the new manager.”
- “Staffing levels are good.”
- “Morale very good – staff relationships have improved.”
- “I enjoy my work.”

A discussion with one staff member indicated that there were some changes planned for some routines in the home and felt that these had not been communicated effectively. This was discussed further with other members of the staff team and it appeared that there was some degree of unclear communication. This matter was discussed with the registered manager who advised that this had been discussed with the staff, however agreed to follow-up the concerns raised. No other concerns were identified.

Areas for Improvement

A recommendation has been made in regards to the accuracy of repositioning records and training for staff.

A recommendation has been made to review the mealtime experience in the nursing dementia unit to ensure that it is in line with best practice guidelines.

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

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed 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	
Statutory Requirements	
Requirement 1 Ref: Regulation 13 (1) (a) & (b) Carried Forward to next inspection	<p>The registered manager must ensure that all patients with pressure areas / wounds have the relevant assessments and records are completed in accordance with best practice guidelines. Dressing regimes must be adhered to in accordance with the care plan and wound care records / observation charts must be completed each time dressings are changed. All records pertaining to pressure/ wound care management are up to date and reviewed as indicated.</p> <p>Ref Section: 5.2</p> <p>Response by Registered Person(s) Detailing the Actions Taken: No wounds at present in the home. All pressure areas from previous inspection are healed. Documentary evidence available in nursing care plan records.</p>
Recommendations	
Recommendation 1 Ref: Standard 23 Stated: First time To be Completed by: 29 February 2016	<p>It is recommended that repositioning charts should contain documented evidence that a skin inspection of pressure areas has been undertaken at the time of each repositioning and the actual position change is recorded. Training should be provided for staff in prevention of pressure damage based on best practice guidelines.</p> <p>Ref Section: 5.5</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Further training will be provided to all staff in regards to pressure area care and the importance of documenting the condition of skin each time a resident is repositioned. Manager, Deputy Manager will check records daily. Supervisions will be carried out on all staff.</p>
Recommendation 2 Ref: Standard 12 Stated: First time To be Completed by: 29 February 2016	<p>It is recommended that the serving of food and drinks in the nursing dementia unit is reviewed in accordance with current best practice guidance;</p> <ul style="list-style-type: none"> • meals are served in accordance with best practice for persons with dementia; ensuring a positive experience for patients • patients are offered a choice of food and drink • meal choices are provided for all patients including those who require modified diets • staff provides appropriate supervision, assistance and interaction with patients during mealtimes. <p>Ref Section:5.6</p>

	Response by Registered Person(s) Detailing the Actions Taken: Dining audit is to be carried out weekly in the nursing unit during meal times. Kitchen staff must ensure correct menu are on tables displaying 2 choices for both normal and modified diets. Supervisions to be carried out on all staff regarding the importance of offering choice and communicating with the residents during meal times.
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Registered Manager Completing QIP	Michelle Devlin	Date Completed	12/02/16
Registered Person Approving QIP	Victoria Craddock	Date Approved	03/03/16
RQIA Inspector Assessing Response	Sharon Loane	Date Approved	04/03/16

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