

Unannounced Care Inspection Report

4 July 2017



Geanann Care Centre

Type of Service: Nursing Home

Address: 31 Ballygawley Road, Dungannon, BT70 1NH

Tel No: 028 8775 0101

Inspectors: Sharon Loane

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 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 registered nursing home which is registered to provide nursing care and residential care for up to 54 persons.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Mr John Rafferty	Registered Manager: Mrs Michelle Devlin
Person in charge at the time of inspection: Mrs Michelle Devlin	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: 54 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 individuals.

4.0 Inspection summary

An unannounced inspection took place on 4 July 2017 from 09.30 to 16.30 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 Care Standards for Nursing Homes 2015.

The term 'patients' is used to describe those living in the home which provides both nursing and residential care.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice evidenced in all four domains. These related to the governance and management arrangements, care delivery and care records. There were examples of good practice evidenced in the provision of activities and the meal time experience was well managed and is commended. Positive comments were received in relation to the care provided and there was evidence that patients were afforded choice and privacy. No areas requiring improvement were identified.

Patients said they were happy living in the home and the care provided. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Michelle Devlin, Registered Manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent inspection dated 17 May 2017

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 17 May 2017.

There were no further actions required to be taken following the most recent inspection.

5.0 How we inspect

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

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing.
- the returned quality improvement plans (QIPs) from inspections undertaken in the previous year
- the previous care inspection report
- pre inspection assessment audit

During the inspection the inspector met with 15 patients, six care staff, two registered nurses, two ancillary staff, the activities co-ordinator and maintenance staff and one patient's representative. Questionnaires were also left in the home to obtain feedback from patients, patients' representatives and staff not on duty during the inspection. Ten questionnaires for staff and relatives and eight for patients were left for distribution.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for registered nurses and care staff
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- two staff recruitment and induction files
- five patient care records
- three patient care charts including food and fluid intake charts and reposition charts
- staff supervision and appraisal records
- a selection of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 17 May 2017

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

6.2 Review of areas for improvement from the last care inspection dated 13 September 2016

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (1) Stated: First time	The registered provider must ensure that the bathroom on the first floor used to store equipment is reverted back to its original purpose or if required a variation to change the use of this bathroom is raised with RQIA.	Met
	Action taken as confirmed during the inspection: A discussion with the registered manager and observations evidenced that the identified bathroom had been reverted back to its original purpose.	
Area for improvement 2 Ref: Regulation 14 (4) Stated: First time	The registered provider 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. This requirement relates specifically to the security of the building internally and externally and also the management of fire exit doors.	Met
	Action taken as confirmed during the inspection: A discussion with the registered manager and other staff, and a review of information evidenced that this area for improvement had been met. Systems had been developed and implemented to ensure that the building was secure; to include fire exits doors. A keypad linked to the alarm system has been installed at all fire exit points. A random sample of fire doors checked at the time of the inspection evidenced that these were managed appropriately. The registered manager and maintenance man advised that the external gates to the building had also been fitted with a key pad which is alarmed activated. Checks are completed daily by both the maintenance man and registered nurse in charge. Records were maintained appropriately.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 41 Stated: First time	The registered provider should ensure that the staff duty rota is maintained in line with the DHSSP'S, Care Standards for Nursing Homes, 2015.	Met
	Action taken as confirmed during the inspection: A review sample of the duty rota for two identified weeks evidenced that this area for improvement was met.	
Area for improvement 2 Ref: Standard 44 Stated: First time	The registered provider should ensure that necessary actions are taken to remove the odours evidenced in the identified areas of the home during the inspection as outlined in section 4.3.	Met
	Action taken as confirmed during the inspection: Floor covering in the bedroom areas identified at the last inspection had been replaced and no odours were identified in these areas.	
Area for improvement 3 Ref: Standard 1 Criteria 3 Stated: First time	The registered provider should ensure that prior to admission an assessment is carried out and recorded, by an identified person suitably trained to complete this process.	Met
	Action taken as confirmed during the inspection: A review of two patient's care records were undertaken in regards to this area of improvement. There was evidence that pre-admission assessments had been completed by the registered manager. The information recorded was to a satisfactory standard.	
Area for improvement 4 Ref: Standard 4 Stated: First time	The registered provider should ensure that assessments and care plans are kept up to date and are reflective of the patients' needs. Any recommendations made by the multi-disciplinary team should be included in the plan of care.	Met
	Action taken as confirmed during the inspection: A review of five patients care records evidenced that this area for improvement had been met. Refer to section 6.5.	

Area for improvement 5 Ref: Standard 4 Criteria 9 Stated: First time	The registered provider should ensure that contemporaneous nursing records are maintained in regards to food and fluid records. Entries should be recorded by the person who has carried out the intervention.	Met
	Action taken as confirmed during the inspection: A review of supplementary care records to include food and fluid records evidenced that these were maintained contemporaneously and in accordance with best practice guidelines. The registered manager had developed a robust system to ensure that these were being monitored by registered nurses over the 24 hour period.	
Area for improvement 6 Ref: Standard 35 Criteria 8 Stated: First time	The registered provider should ensure that risk management policies and procedures and management structures are in place to prevent, identify, manage and respond to identified risks.	Met
	Action taken as confirmed during the inspection: A discussion with the registered manager and an overview of information evidenced that a risk assessment and health and safety manual were available.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for weeks commencing 11 June and 3 July 2017 evidenced that planned staffing levels in the majority were adhered to. The registered manager provided an explanation for any shortfalls identified and actions taken to manage same. The duty rotas were maintained in accordance with the Care Standards for Nursing Homes 2015. Discussion with patients, representatives and staff evidenced that there were no concerns regarding staffing levels. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

The registered manager discussed the current vacancies within the home and advised that these vacancies had been advertised and were currently being covered by bank staff.

Staff recruitment information for two staff members were reviewed and evidenced that the records were maintained in accordance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained.

Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. Two completed induction records were reviewed. The induction programme included a written record of the areas completed and the signature of the person supporting the new employee. On completion of the induction programme, the employee and the inductor signed the record to confirm completion and to declare understanding and competence.

A review of information evidenced that probationary reviews were carried out twice within a six monthly period to ensure that new staff were achieving and maintaining their competency in regards to their roles and responsibilities. The registered manager also reviewed the induction record when the staff member completed their probationary period. This is good practice.

A competency and capability assessment for one registered nurse identified as given the responsibility of being in charge of the home was reviewed. The assessment had been completed in February 2017 and was signed by the registered manager to confirm that the assessment process had been completed and that they were satisfied that the registered nurse was capable and competent to be left in charge of the home. There was evidence that staff were coached and mentored through one to one supervision, under competency assessments and completed annual appraisals.

Review of the training matrix/schedule for 2017 indicated that training was planned to ensure that mandatory training requirements were met. Staff training was delivered via an e-learning programme and face to face training in the home. Training outcomes for 2017, so far, indicated that the registered manager ensured mandatory training was completed. For example, 100% compliance had already been achieved in moving and handling, first aid and other areas had compliance levels over 90%. This was commended.

Discussion with the registered manager and review of records evidenced that the arrangements for monitoring the registration status of nursing and care staff was appropriately managed in accordance with Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC).

The registered manager and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns.

A safeguarding champion had been identified and a discussion with the registered manager confirmed that there were arrangements in place to embed the new regional operational safeguarding policy and procedure into practice. A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately.

Review of five patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Review of management audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified. This information informed the responsible individual's monthly monitoring visit in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005.

Review of records pertaining to accidents, incidents and notifications forwarded to RQIA since the last inspection confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. A number of areas in the home had been re-decorated since the last inspection. The home was found to be warm, well decorated, and clean throughout. Odours were identified in a number of bedrooms, lounges and corridors with carpet floor coverings. Management had already identified this as an area for improvement and actions were being taken to replace the flooring in these areas. Floor coverings for two bedrooms with odours identified at the last inspection had been replaced. Post inspection, RQIA has received confirmation that these works will be completed by September 2017. The registered manager advised that the Head of Dementia Services for Runwood Homes was scheduled to visit on 5 July 2017 to complete an environmental review to ensure that the environment was consistent with best practice guidance for Dementia Care. This is good practice.

Fire exits and corridors were observed to be clear of clutter and obstruction. Infection prevention and control measures were adhered to and equipment was appropriately stored.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of five patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dietitians.

Care records were reviewed in relation to the management of weight loss; wound care and catheter care. Care plans were in place and directed the delivery of care. There was evidence that safe effective care was delivered in relation to these aspects of care.

Supplementary care charts such as repositioning/food and fluid intake records evidenced that records were maintained in accordance with best practice guidance, care standards and legislation. As previously discussed, a robust system was in place to ensure monitoring and oversight by registered nurses.

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records. Patients' records were maintained in accordance with Schedule 3 of the Nursing Homes Regulations (Northern Ireland) 2005.

There was evidence that the care planning process included input from patients and/or their representatives, if appropriate. There was evidence of regular communication with representatives within the care records.

Discussion with staff and a review of the duty rota evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients' condition. Nursing and senior care staff attended a meeting at 11:00 hours every day, including weekends. Staff shared any concerns they had about their patients and discussed progress with other healthcare professionals or relatives as required. Staff felt this was beneficial as they were able to receive advice from more experienced colleagues. The registered manager said that the 11:00 meeting assisted her knowledge of issues in the home. This is good practice.

Discussion with the registered manager and a review of records confirmed that staff meetings were held on a regular basis and records maintained included the list of attendees; the agenda and actions to be taken. The most recent meetings held were during April and May 2017. Patient and relatives meetings had also been held in June 2017.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. One staff member spoken with stated that "teamwork had improved, the team are coming together and there is good support from management." Staff also confirmed that if they had any concerns, they could raise these with their line manager and /or the registered manager.

Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Staff were observed engaging with patients during care interventions. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Patients stated that they were involved in decisions about their own care. Staff were observed consulting patients regarding their meal choices and their personal appearances. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home.

The serving of the lunch was observed in both dining rooms. Patients were seated appropriately and tables were presented to a satisfactory standard providing a selection of condiments. The menu displayed was in both pictorial and written formats. Food choices were made by patients at the point of serving. The food choices available were plated up and a care assistant was observed showing and asking the patients which meal they would like. Patients were observed selecting their preferences. The food appeared nutritious and appetising. The mealtime was well managed and supervised. A mealtime leader checklist record was available and a dedicated staff member carried out this role and recorded the necessary information. Staff provided encouragement to patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore appropriate aprons when serving or assisting with meals and patients wore clothing protectors as per their individual choice. Patients appeared to enjoy the mealtime experience. There was evidence of good practice throughout the mealtime experience.

The provision of activities was reviewed on inspection. There is a dedicated member of staff employed to facilitate the provision of activities. The programme of activities is displayed in various formats throughout the home to enable patients understanding and engagement. Activities included; bingo; music; arts and crafts among others. On the day of the inspection the home had organised activities to celebrate American Independence Day. There was a great sense of community spirit in the home.

Two registered nurses, six care staff, two ancillary staff members, the chef and maintenance man and one activities staff member were consulted to ascertain their views of life in the Geanann.

Comments made to the inspector included:

“I am happy in my role.”

“Geanann is a good place to work.”

“Good support from management.”

“The manager is always trying to improve standards.”

Patients able to communicate their feelings indicated that they enjoyed living in the home and that staff were kind and attentive.

One relative spoken with at the inspection commented positively about the care provided, the environment and the staff.

Comments made to the inspector included:

“We selected this home as it is clean, has a lovely atmosphere and the friendliness of the staff; all very positive.”

As previously discussed questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. Seven staff returned their questionnaires within the timeframe specified for inclusion within this report. All responses received were positive and no concerns were raised. No additional written comments were made.

Eight patient and ten patient representative questionnaires were also left in the home for distribution. At time of writing this report three relatives questionnaires had been returned; none were returned from patients within the specified timeframe. Responses received from relatives indicated that they were very satisfied or satisfied with care provided and that the service was well led.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The registration certificate was up to date and displayed appropriately. A certificate of public liability insurance was current and displayed. Discussion with the registered manager, review of records and observations evidenced that the home was operating within its registered categories of care.

Discussion with the registered manager and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities.

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff and one patient's representatives evidenced that the registered manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team.

A copy of the complaints procedure was displayed in the home. Discussion with the registered manager and review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately.

Discussion with the registered manager and review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to falls, wound management, care records, infection prevention and control, environment, complaints, incidents/accidents. The results of audits had been analysed and appropriate actions taken to address any shortfalls identified and there was evidence that the necessary improvement had been embedded into practice. In addition to the organisation's governance programme, short focused audits had also been implemented to assure the management of improvements implemented or training provided. The outcomes were shared with staff to drive improvements and to encourage learning.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

There were systems in place to ensure that risk assessments regarding the management of the environment were completed and kept under review.

Discussion with the registered manager and review of records evidenced that Regulation 29 monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

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.



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