

Inspection Report

Name of Service: Gortacharn

Provider: Dunluce Healthcare Lisnaskea Ltd

Date of Inspection: 14 December 2024

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Dunluce Healthcare Lisnaskea Ltd
Responsible Individual:	Mr Ryan Smith
Registered Manager:	Mrs Beena Joseph
<p>Service Profile:</p> <p>This home is a registered Nursing Home which provides nursing care for up to 40 patients in frail elderly over 65 years of age, terminally ill, and physical disability over and under 65 years of age. The home can also provide nursing care for up to four patients with a learning disability under 65 years of age.</p> <p>This is a single storey home. Patients have access to communal lounges, a dining room and outdoor spaces.</p> <p>There is a Residential Care Home which occupies the same site and the same manager manages both services.</p>	

2.0 Inspection summary

An unannounced inspection took place on 14 December 2024 from 10.25 am to 6.50 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; since the last care inspection on 21 March 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

While we found care to be delivered in a compassionate manner, improvements were required to ensure the effectiveness and oversight of certain aspects of care delivery, including; patient dependency assessments, the safe transfer of patients in wheelchairs, care records, the environment, risk management regarding hot surfaces, medicines management, window restrictors, infection prevention and control (IPC) and IPC/environmental audits.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection a number of areas for improvement were identified and can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included registration information, and any other written or verbal information received from patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "I am getting well cared for here", "The staff are exceptional", "Powerful care", "It is wonderful here" and "There is always someone about if I need anything".

Two patients commented that they can sometimes have to wait a long time for staff to assist them to the toilet. One of these patients also said that they felt staffing levels in the late evening were not sufficient. This information was shared with the manager to review and action as necessary.

Patients told us that they were able to choose how they spent their day; that they could remain in their bedroom or go to a communal room when they requested. One patient said: "(The) staff are always quick to attend to me" and a further patient said: "I feel safe here and I have everything I need".

Relatives spoken with during the inspection commented positively about the overall provision of care within the home. Comments included: "The staff are brilliant here", "There is always staff around if you need anything", "(My) relative is getting well cared for", "Excellent care here", "My

(relative) wouldn't be here today if it wasn't for this home", and "The communication from the staff is very good".

One questionnaire was received during the inspection but did not indicate if it was from a patient or a relative. The respondent was very satisfied with the overall provision of care. Comments included: "Care is excellent", "All okay" and "Good care". A further questionnaire was received following the inspection completed by a relative on behalf of a patient. The respondent was mostly satisfied with the overall provision of care but commented regarding some staff practices, staffing levels and the approach from some staff. Details were shared with management to review and action as necessary.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients.

Most patients said that there was enough staff on duty to help them but as mentioned above in section 3.2, comments were also made regarding staffing levels not being sufficient. The inspector requested the most recent patient dependency assessment to determine the required staffing levels. The manager advised that this had not been completed. An area for improvement was identified.

Staff said there was good team work; they felt well supported in their role, but there was limited availability of staff to cover late notice absenteeism. Staff also said they were aware of the managements ongoing recruitment and welcomed the addition of new staff.

The staff duty rota did not clearly evidence the number of staff on duty for each shift. Details were discussed with the manager who agreed to have this reviewed. Following the inspection, written confirmation was received that relevant action had been taken to address this.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Observation of the delivery of care during the inspection evidenced that patients' needs were met by the number and skills of the staff on duty.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. Staff were also observed offering patient choice in how and where they spent their day or how they wanted to engage socially with others.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and records were generally well maintained.

The risk of falling was well managed and referrals were made to other healthcare professionals as needed.

A number of patients were observed being transferred in wheelchairs without a lapbelt being used. This was discussed with the management team and an area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified. There was a menu on display within the dining room offering a choice of two meals.

The dining experience was an opportunity for patients to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. Confidential patient information regarding dietary needs was displayed in the dining room. This was discussed with the management team who immediately had this removed.

Patients commented positively about the food provided within the home with comments such as: "The food is great and plenty of choices", "The food is beautiful" and "The food is normally very good".

During the inspection ball games were taking place in the morning; hand/nail care and board games were provided in the afternoon. Some patients were engaged in their own activities such as; watching television, resting or chatting to staff.

Patients commented positively regarding the activities provided within the home and were seen to be content and settled in their surroundings and in their interactions with staff. Comments included: "Plenty of activities here. Something different everyday", "It is wonderful here" and "Plenty of things going on here".

3.3.3 Management of Care Records

Patients' needs were assessed by a nurse at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs and included any advice or recommendations made by other healthcare professionals.

Review of a sample of care records evidenced that a number of patients with drug/food allergies did not have care plans in place to direct staff. Specific details were discussed with management and an area for improvement was identified.

A choking risk assessment had not been completed for any patient. This was discussed with the management team who agreed to have this reviewed. Following the inspection, written confirmation was received that relevant action had been taken to address this.

3.3.4 Quality and Management of Patients' Environment

Whilst the home was neat and tidy and patients' bedrooms were personalised with items important to the patient, surface damage was evident to identified walls, floor coverings, bedroom furniture, portable over bed tables, a bath, sink plug holes and skirting boards; surface damage was also evident to equipment used for patients such as crash mats and the frame of a hoist. Following the inspection, an environmental action plan was submitted with timeframes to address the issues identified. Progress with this will be reviewed at a future inspection.

A number of radiators were very hot to touch and whilst some had radiator covers, they were not sufficient in covering the full radiator. It was further identified that a number of hot water pipes from showers were exposed in patients en-suites. This was discussed with the management team and an area for improvement was identified.

Prescribed supplements and thickening agents were not securely stored. It was further identified that a number of patient's bedrooms had topical creams that were either not labelled and/or the label was not able to be read; one of these items did not have the name of the contents within the container. This was shared with the pharmacist inspector and areas for improvement were identified.

Review of a sample of windows evidenced that they were opening wider than the recommended distance and did not have appropriate tamper proof restrictors. An area for improvement was identified.

Observation of staff practices and the environment evidenced that infection prevention and control (IPC) measures were not being adhered to, for example; a number of staff were not bare below the elbow and patient equipment was inappropriately stored within a number of en-suites. Areas for improvement were identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Beena Joseph has been the manager in this home since 26 March 2020.

Staff commented positively about the management team and described them as supportive, approachable and able to provide guidance.

Review of the records of accidents and incidents which had occurred in the home found that these had been reported to all relevant persons.

A record of complaints maintained by the manager was reviewed which evidenced that one notifiable event had not been submitted to RQIA. Details were discussed with the manager who submitted a retrospective notification following the inspection.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the management team responded to any concerns, raised with them or by their processes, and took measures to improve practice. However, the IPC and environmental audits did not identify the number of deficits identified during this inspection. It was further identified that any deficits that had been

identified by the manager, did not have time frames to achieve the required improvements; an area for improvement was identified.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	3	7

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 16 (1) Stated: First time To be completed by: 28 December 2024	The registered person shall ensure that care plans are in place for any patient with a food/drug allergy. Ref: 3.3.3 Response by registered person detailing the actions taken: This has now been completed for all patients and has been directly linked to the Mealtime Matter's safety pause routine.
Area for improvement 2 Ref: Regulation 27 (2) (t) Stated: First time To be completed by: 21 December 2024	The registered person shall ensure that all hot surfaces such as radiators and exposed hot water pipes from showers, are risk assessed and covered where necessary to reduce the risk of scalding. Ref: 3.3.4 Response by registered person detailing the actions taken: A comprehensive environmental risk assessment audit was completed internally and has been progressed accordingly. All of these core areas of exposed hot water pipes from showers have been attended to.

<p>Area for improvement 3</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: 14 December 2024</p>	<p>The registered person shall ensure that prescribed supplements and thickening agents are stored safely and securely.</p> <p>Ref: 3.3.4</p> <hr/> <p>Response by registered person detailing the actions taken: All thickening agents and supplements have been removed from the dining storage area and have been securely placed into the main clinical room within the home environment. The original storage unit has also been removed.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: 21 December 2024</p>	<p>The registered person shall ensure that patient dependency assessments are carried out on a regular basis to ensure that there are sufficient staffing levels on duty to meet the needs of the patients.</p> <p>Ref: 3.3.1</p> <hr/> <p>Response by registered person detailing the actions taken: Patient dependency assessment levels are completed as part of the monthly Assessment Set 1 criteria using the Rhys Hearn dependency assessment methodology. Safe staffing levels are assured at all times to manage patient care safely and effectively and contingency plans are in place to deal with untoward events such as staff sickness.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 47.3</p> <p>Stated: First time</p> <p>To be completed by: 14 December 2024</p>	<p>The registered person shall ensure that lapbelts on wheelchairs are utilised when transferring patients in accordance with the patients' assessed needs.</p> <p>Ref: 3.3.2</p> <hr/> <p>Response by registered person detailing the actions taken: Old wheelchairs have been removed from the home immediately and have been replaced with a total of 4 new wheelchairs. Further training will be provided to staff with respect to health and safety protocols in the transfer and movement of any patient within a wheelchair. Ongoing monitoring will be undertaken to ensure compliance herein.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 30</p> <p>Stated: First time</p> <p>To be completed by: 14 December 2024</p>	<p>The registered person shall review the management of prescribed topical medicines to ensure they are stored securely and appropriately labelled.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: All topical creams were immediately removed and secured within the home. An environmental risk assessment audit was completed and within this some cabinets have been identified for full replacement or for repair of current locking systems. All staff have also been reminded about the importance of adhering to safety procedures in the administration and application of creams to patients.</p>
<p>Area for improvement 4</p> <p>Ref: Standard E10</p> <p>Stated: First time</p> <p>To be completed by: 14 January 2025</p>	<p>The registered person shall ensure that a review of all relevant windows is completed and appropriate tamper proof fixtures fitted to ensure that windows do not open any wider than 100mm.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: This work has been instructed and will be completed shortly.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 46.11</p> <p>Stated: First time</p> <p>To be completed by: 14 December 2024</p>	<p>The registered person shall ensure that hand hygiene is a priority within the home, with specific reference to ensuring that staff are bare below the elbow.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: An immediate communication was sent to all staff to remind them about the importance of adherence to all IPC issues. Additional training will also be provided within the home entitled 'Back to Basics', which all staff will be required to complete. The Home Manager will also complete hand hygiene audits on a regular basis to improve compliance with hand washing.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 14 December 2024</p>	<p>The registered person shall ensure that patient equipment is stored appropriately to reduce the risk and spread of infection.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken: All patient equipment is now stored appropriately and additional storage has been provided within the home. All personal equipment is identified and is for sole patient usage to reduce and limit the risk and spread of infection.</p>

<p>Area for improvement 7</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall ensure that where deficits have been identified during IPC and environmental audits, that an action plan, time frame, person responsible and follow up is completed.</p> <p>Ref: 3.3.5</p>
<p>To be completed by: 14 January 2025</p>	<p>Response by registered person detailing the actions taken: A full environmental risk assessment audit has been completed and submitted to the RQIA already. This action plan does detail clearly timeline indicators based on an assessment of priority areas with further details on persons responsible and time line reviews. An update on this plan will also be forwarded to RQIA in due course.</p>

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