The Regulation and Quality Improvement Authority

Inspection Report

3 and 4 June 2024

Larne Care Centre

Type of service: Nursing Home
Address: 46-48 Coastguard Road, Larne, BT40 1AU
Telephone number: 028 2827 7979

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

1.0 Service information

Organisation: Electus Healthcare (Larne) Ltd **Responsible Individual:** Mr Ed Coyle	**Registered Manager:** Mrs Sarah Martin – not registered
Person in charge at the time of inspection: Julie Magowan – deputy manager - 9.00 am until 10.00 am then Mrs Sarah Martin until the end of the inspection (3/6/24) Mrs Sarah Martin (4/6/24)	**Number of registered places:** 87 A maximum of 31 patients in category NH-DE accommodated in the Glenarm Unit. A maximum of 25 patients in categories NH-PH and PH(E) accommodated in the Carnlough and Olderfleet Units. The home is approved to provide nursing care for two named patients in categories NH-LD and LD(E) accommodated in the Carnlough Unit. The home is approved to provide residential care for one named resident in category RC-I accommodated in the Ballygally Unit. The home is also approved to provide care on a day basis to 5 persons in categories NH-I, PH and PH(E).
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.	**Number of patients accommodated in the nursing home on the day of this inspection:** 76
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 87 patients. The home is divided in four units over two floors. The Carnlough and Olderfleet units on the ground floor and first floor provide care for people with learning and physical disabilities. The Ballygally unit on the first floor provides general nursing care and the Glenarm unit which is on the ground floor provides care for people living with dementia.	

2.0 Inspection summary

An unannounced inspection took place on 3 June 2024, from 9.00 am to 5.00 pm and 4 June 2024, from 10.00 am to 5.40 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

Enforcement action did result from the findings of this inspection in the form of a serious concerns meeting. There was evidence that building work was ongoing to alter the internal layout of one of the units in the home. The work had commenced prior to an application to vary the registered premises being submitted to RQIA. Therefore, RQIA had not been given the opportunity to review the proposed alterations to ensure that they meet the standards for the fitness of premises, as outlined in The Care Standards for Nursing Homes (December 2022).

The Responsible Individual and the Manager were invited to attend a serious concerns meeting with RQIA on 11 June 2024, to discuss the inspection findings and their plans to address the issues identified. During the meeting, the management team, offered apologies on this oversight and provided RQIA with an action plan, and advised of the completed or planned actions to address the concerns identified.

RQIA were satisfied with the assurances provided and advised the management team that upon submission and review of a full application to vary the internal layout of the identified unit, RQIA will carry out a pre-registration inspection to ensure the work is in keeping with the required standards as stated above. No patients can be admitted until this process has been completed and before the unit has been registered.

Additional areas for improvement were identified as part of this inspection and are detailed throughout this report and within the Quality Improvement Plan (QIP) in section 6.0.

The findings of this report will provide the Manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

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

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Sarah Martin, Manager and Caron McKay, Operations Manager at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect. Patients said, “The staff are fantastic” and “I love it here” and “The staff are very good, I am well looked after.”

Five patient questionnaires were received; some patient comments included; “I am very happy with my care”, “The care I receive fulfils my needs; I am very happy” and “I get very good care”.

Relatives spoken with were complimentary about the care provided in the home. Three relatives completed and returned questionnaires regarding the care their loved one receives in Larne Care Centre; all the questionnaires were positive. Comments included; “The staff are always considerate and provide a good level of care”, “Dad is cared for well, he is always clean and tidy” and “Mum is very much treated with respect and care”.

Staff spoken with said that Larne Care Centre was a good place to work and that the Manager was approachable. Discussion with the Manager and staff confirmed that there were good working relationships.

There was no response received from the online staff survey.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 22&23 May 2023		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for Improvement 1 **Ref:** Regulation 14 (2) (a) (c) **Stated:** Second time	The registered person shall ensure as far as is reasonably practicable that all parts of the home to which the patients have access are free from hazards to their safety, and unnecessary risks to the health and safety of patients are identified and so far as possible eliminated. This area for improvement is made with specific reference to the safe storage and supervision of food and fluid thickening agents.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 **Ref:** Regulation 27 (2) (b) **Stated:** First time	The registered person shall ensure the environmental deficits identified as part of this inspection are addressed.	**Partially met**
	Action taken as confirmed during the inspection: There was evidence that some of the previous environmental deficits had been addressed however, some remain to be actioned. This area for improvement is stated for a second time.	

Area for Improvement 3 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time	The registered person shall ensure that chemicals are stored securely in accordance with COSHH regulations.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		**Validation of compliance**
Area for Improvement 1 **Ref:** Standard 4.1 **Stated:** First time	The registered person shall ensure that patient risk assessments are completed within the required time frame following admission to the home.	**Not met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was not met. See section 5.2.2 for additional detail.	
Area for Improvement 2 **Ref:** Standard 4 **Stated:** First time	The registered person shall ensure that the daily fluid intake of patients is meaningfully and regularly reviewed by nursing staff.	**Carried forward to the next inspection**
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 3 **Ref:** Standard 23 **Stated:** First time	The registered person shall ensure that time specific repositioning records are accurately maintained.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. However, a new area for improvement was identified regarding repositioning. See section 5.2.2 for additional detail.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect patients.

There were systems in place to ensure staff were trained and supported to do their job. The Manager retained oversight of staff compliance with their training requirements. A new online training platform has been implemented and staff are updating their training however, compliance with a number of mandatory topics was observed low. An area for improvement was identified.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the Manager was not on duty. Shortfalls were identified in the daily domestic staffing for the home, there was evidence that each unit did not always have a daily clean. Staff also raised this concern with the inspector. The absence of a daily clean for each unit has adversely affected the overall cleanliness of the home. This was discussed with the Manager for her immediate attention.

Review of governance records provided assurance that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the Manager on a monthly basis.

Staff who take charge in the home in the absence of the manager had completed relevant competency and capability assessments.

A matrix system was in place for staff supervision and appraisals to record staff names and the date that the supervision had taken place.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, patient care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

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. It was observed that staff provided care in a caring and compassionate manner.

Staff were prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Patients were well presented in their appearance and told us that they were happy living in the home.

The serving of the lunchtime meal was observed. Staff ensured that patients were comfortable throughout their meal. The daily menu was displayed showing patients what was available at each mealtime. A choice of meal was offered and the food was attractively presented and smelled appetising. An effective system was in place to identify which meal was for each individual patient, to ensure patients were served the right consistency of food and their preferred menu choice. Meals were appropriately covered on transfer whilst being taken to patients' rooms. There was a variety of drinks available. Patients wore clothing protectors if required and staff wore aprons when serving or assisting with meals. Patients told us that they enjoyed their meal. One patient commented; "the food in here is lovely".

The care staff recorded what patients had to eat and drink daily where appropriate, however, records lacked detail of the actual food consumed. This had been highlighted at a previous care inspection however, this lack of detail had not been addressed in the records reviewed. An area for improvement was identified.

Patients' needs should be assessed at the time of their admission to the home. Following this initial assessment, care plans and risk assessments should be developed in a timely manner to direct staff on how to meet the patients' needs. A review of one patient's care records identified that the care records were not all commenced timely. An area for improvement was stated for a second time.

A selection of other patient care records evidenced that they were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Patients' individual likes and preferences were well reflected throughout the records. Care plans were detailed and contained specific information on each patients' care needs and what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff.

A few minor deficits were identified within wound care records and a patient who was assessed as requiring enhanced supervision did not have an appropriate care plan in place. This was discussed with the deputy manager who agreed to address this.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails or alarm mats. It was established that safe systems were in place to manage this aspect of care.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. Examination of the recording of repositioning evidenced these were mostly well maintained. However, it was identified that there was a pattern with some of the timings of repositioning therefore, it was unclear if the times entered on the records were a contemporaneous reflection of the time the patient was repositioned. An area for improvement was identified.

Examination of records and discussion with the Manager confirmed that the risk of falling and falls were generally well managed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they completed neurological observations and sought medical assistance if required. The appropriate care records were reviewed and updated post fall.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. Patients' bedrooms were personalised with items of importance to each patient, such as family photos and sentimental items from home.

It was observed within the Olderfleet unit; which was unoccupied by patients, that structural changes had been carried out and were still in progress to alter the purpose and layout of a number of rooms. An application to vary the registered premises had not been submitted to RQIA. This breech in regulation was discussed with the management team of the home at a meeting with RQIA on the 11 June 2024. At this meeting the management team shared an action plan identifying the immediate actions they had taken and planned to take, to address these concerns. RQIA accepted this action plan and agreed that the areas for improvement were to be managed through the Quality Improvement Plan (QIP) included below.

Concerns were also identified in regard to the general cleanliness of the home. Floors, furniture and bathrooms were observed not effectively cleaned. As discussed in section 5.2.1; the absence of a daily clean for each unit has adversely affected the overall cleanliness of the home. Detailed feedback was provided to the Manager for her appropriate action. An area for improvement was identified.

A number of infection prevention and control deficits were also identified, for instance, a number of shower chairs and hand towel dispensers were observed not effectively cleaned. An area for improvement was identified.

It was also disappointing that a number of patient beds had also been made up with unclean bedlinen; this was immediately addressed once brought to the Manager's attention.

A small number of patients' bedrooms did not have a call bell. This was discussed with the Manager who agreed to audit patient bedrooms to ensure, where appropriate, that a call bell was available; it was further discussed that if a patient has been assessed as unable to use the call system, that they should be appropriately supervised and their care plans should accurately reflect this. This will be reviewed at a future care inspection.

Confidential patient information in relation to patients' dietary requirements was displayed in a dining room; patient information should be maintained in a confidential manner. An area for improvement was identified.

Fire safety measures were in place to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. It was observed in one identified unit that an unoccupied bedroom door was wedged open to assist with the drying of paint as it was being redecorated, this was immediately brought to the attention of the nurse in charge of the unit and addressed.

Fire drill records were examined and there was evidence of frequent fire drills. However; we discussed the current documentation in use with the Manager as to how this could be improved to add some additional important information. This will be reviewed at a future inspection.

5.2.4 Quality of Life for Patients

Staff offered choices to patients throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. The atmosphere throughout the home was warm, welcoming and friendly. Patients looked well cared for and were seen to enjoy warm and friendly interactions with the staff.

Unfortunately, on both inspection days the activity staff was not available however, discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The programme of activities was displayed in communal areas advising patients of forthcoming events. Patients' needs were met through a range of individual and group activities. Activity records were reviewed and included the patient engagement with the activity sessions.

Staff recognised the importance of maintaining good communication between patients and their relatives. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs Sarah Martin has been appointed as the Manager of Larne Care Centre and has been in post since 17 August 2023. Mrs Martin confirmed she will be submitting an application to become registered with RQIA as soon as possible.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. It was identified that the actions from a number of care plan audits had not been evidenced as completed. An area for improvement was identified.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The Manager and the Operations Manager are identified as safeguarding champions for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

The Manager maintained records of regular staff and departmental meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

Systems were in place to ensure that complaints were managed appropriately.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	4*	7*

*the total number of areas for improvement includes one regulation and one standard that have been stated for a second time. One standard is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Sarah Martin, Manager and Caron McKay, Operations Manager 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 27 (2) (b) **Stated:** Second time **To be completed by:** 31 July 2024	The registered person shall ensure the environmental deficits identified as part of this inspection are addressed. Ref: 5.1
	Response by registered person detailing the actions taken: A review of the deficits identified has been completed and the environmental action plan updated by the Estates Manager. This will be kept under ongoing review by the maintenance team and Manager. Additional equipment to replace any items no longer fit for purpose has been identified and requested and will be in place as soon as possible. Painting and redecoration is ongoing in the home at present.
Area for improvement 2 **Ref:** Regulation 20 (1) (c) (i) **Stated:** First time **To be completed by:** 30 June 2024	The registered person shall ensure that all staff receive and complete mandatory training appropriate to their job role. Ref: 5.2.1
	Response by registered person detailing the actions taken: We recognise the importance of adeqaute and timely trainng to enable staff to fulfil their relevant role in a safe and competent manner. At the time of inspection a new online training platform had been recently implemented and the previous online training could not be accessed. The majority of staff have now completed this and this is being monitored closely by the management team to ensure full compliance achieved. Several members of staff have attended train the trainer courses so that in house face to face training can be facilitated in areas of Basic life support, safeguarding, fire training and Moving and handling.
Area for improvement 3 **Ref:** Regulation 32 (1) (h) **Stated:** First time **To be completed by:** 4 June 2024	The registered person shall give notice in writing of any proposed alteration to the registered premises of the home. Ref: 5.2.2
	Response by registered person detailing the actions taken: The required documentation in respect of the proposed altercations to the premises has now been submitted and work ceased with immediate effect. The company apologises for due process not being followed in this respect.

Area for improvement 4 **Ref:** Regulation 27 (2) (d) **Stated:** First time **To be completed by:** 5 June 2024	The registered person shall ensure that all parts of the home are kept clean. Ref: 5.2.2
	Response by registered person detailing the actions taken: The cleanliness of the home is extremely important to ensure a pleasant environment and to reduce the risk of infection. To ensure the required standard is achieved additonal domestic staff were sourced and all efforts made to ensure that there is a housekeeper allocated to every unit each day. Further domestic hours have also been utilised to complete deep cleaning and an action plan developed.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 4.1 **Stated:** Second time **To be completed by:** 4 June 2024	The registered person shall ensure that patient risk assessments are completed within the required time frame following admission to the home. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: Whilst risk assessments for the majority of new admissions to the home had been completed in a timely manner the home recognises that there is a duty of care to ensure consistency in this respect. This will be monitored by the Manager and Deputy Manager.
Area for improvement 2 **Ref:** Standard 12 **Stated:** First time **To be completed by:** 5 June 2024	The registered person shall ensure that food records are maintained to include the exact nature of each meal consumed by patients. Ref: 5.2.2
	Response by registered person detailing the actions taken: This has been communicated to all units and will be monitored by the Manager, Deputy Manager and at monitoring visits by the operations Manager. In adddition to this, a supervision has been issued to staff and discussed at flash meetings and staff meetings.

Area for improvement 3 **Ref:** Standard 23 **Stated:** First time **To be completed by:** 5 June 2024	The registered person shall ensure that repositioning records are maintained to accurately and contemporaneously record the time of repositioning. Ref: 5.2.2
	Response by registered person detailing the actions taken: In order to ensure compliance spot checks of repositioning records are undertaken by the Manager, Deputy Manager and Nurses on units on a daily basis. They are also checked by the senior management team during visits to the home. In addition, repositioning audits are completed regularly and reviewed by the manager. A meeting with night staff was also held on the 19.07.24 by the Operations manager and Home manager and a written supervision issued to care staff and Nursing staff. Monitoring of these will be ongoing.
Area for improvement 4 **Ref:** Standard 46 **Stated:** First time **To be completed by:** 5 June 2024	The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection. This relates specifically to the following: • Shower seats and hand towel dispensers are effectively cleaned. Ref: 5.2.3
	Response by registered person detailing the actions taken: Additional houskeeping shifts were arranged by the Home Manager to ensure that all hand towel dispeners were checked and cleaned in a timely manner. Shower seats were cleaned at the time of inspection. Staff have been reminded of the importance of maintainning hygiene and cleanliness of all items and this will be monitored during daily walkarounds and a monthly housekeeping and infection control audit completed.
Area for improvement 5 **Ref:** Standard 37 **Stated:** First time **To be completed by:** 5 June 2024	The registered person shall ensure that any confidential information regarding patients' care needs is not kept in communal areas. Ref: 5.2.3
	Response by registered person detailing the actions taken: Information relating to the dietary requirements of residents has now been removed from the dining room.

Area for improvement 6 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 30 June 2024	The registered person shall ensure care record audits evidence review and completion of associated action plans. Ref: 5.2.5
	Response by registered person detailing the actions taken: Action plans are developed from each care plan audit and a matrix of care plan audits kept by the Home Manager. The Manager will ensure that these are returned and signed off in a timely manner and this will also be monitored at REG29 visits.
Area for improvement 7 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 4 June 2024	The registered person shall ensure that the daily fluid intake of patients is meaningfully and regularly reviewed by nursing staff. Ref: 5.1
	Response by registered person detailing the actions taken: Fluid records are completed for all residents within the home and reviewed by the Nursng staff on a daily basis. Total fluid intake is reviewed and recorded by Nurses in the daily notes and action taken as required where fluid intake is of concern.

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

The Regulation and Quality Improvement Authority
James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

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