The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Larne Care Centre

Provider: Electus Healthcare (Larne) Ltd

Date of Inspection: 17 October 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:	Electus Healthcare (Larne) Ltd
Responsible Individual:	Mr Ed Coyle
Registered Manager:	Mrs Sarah Martin
Service Profile – 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 17 October 2024, from 10.00 am to 6.00 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 3 and 4 June 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 and record keeping.

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.

As a result of this inspection nine areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. Full details, including new areas for improvement identified, 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 the previous areas for improvement issued, 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

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. Staff were observed to be chatty, friendly and polite to the patients at all times.

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. A patient said, "The staff are more than good".

Patients told us that staff offered choices to them throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Patients who were able to share their opinions on life in the home said or indicated that they were well looked after and were observed to be at ease in the company of staff and to be content in their surroundings.

Most of the relatives / visitors spoken with on the day of inspection expressed no issues with the care their loved one receives in Larne Care Centre. Two relative comments were shared with the manager for her appropriate action.

After the inspection a completed questionnaire was received from a patients relative, the comments were followed up with the relative and also the home manager for action.

3.3 Inspection findings

3.3.1 Staffing Arrangements

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

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. However, alterations made to the duty rota were not made in line with best practice guidance. An area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their job. The manager retained oversight of staff compliance with training requirements however; review of training compliance evidenced although there were planned dates for a selection of mandatory training topics staff compliance was observed low in a number of areas. An area for improvement was stated for a second time.

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.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients.

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.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position however, examination of the repositioning records evidenced improvement in the quality of the documentation, however, there was evidence that patients were not always repositioned as prescribed in their care plans. 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.

The dining experience was an opportunity for patients to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. It was evident that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with patients was well understood by the manager and staff.

Arrangements were in place to meet patients' social, religious and spiritual needs within the home. The activity schedule was on display. It was positive to see that the activities provided were varied, interesting and suited to both groups of patients and individuals. Some patients were observed making Hallowe'en decorations with activity staff. Activities planned for the week included games, pet therapy, movies and 1-1 time.

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.

Patients care records were held confidentially.

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. However, improvements were required in making the care records more person centred the specific examples was discussed with the management team. This will be followed up on the next care inspection.

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

Review of care records specifically for those patients who required wound care identified that the records evidenced gaps in the patients prescribed wound care and some of the care plans were not reflective of the patient's current dressing regime. An area for improvement was identified.

A record was kept of what patients had to eat and drink. Patients had been assessed and prescribed a fluid target, however; there was little evidence of the daily oversight and ongoing management and any appropriate actions by the registered nurses when a patient had not achieved their 24-hour fluid target. An area for improvement was stated for a second time.

3.3.4 Quality and Management of Patients' Environment

Review of the home's environment and records confirmed that the manager did have a refurbishment / redecoration plan in place and there was evidence of ongoing work with the actions identified in this plan.

A number of fall out mats were observed in need of replacement, this was discussed with the manager who agreed to review all the fall out mats in use and replace as necessary.

Within one unit a number of plastic drawers were observed in communal bathrooms and used as storage, these drawers required a better clean, this was discussed with the manager who agreed to review the need for these drawers in the bathrooms.

In addition, it was disappointing that linen rooms and other storage areas within the home had not been tidied and storage taken off the floor following discussion at the previous care inspection; an area for improvement was identified.

Corridors within the units were clear of clutter. However, it was observed that the service corridor had excess equipment stored, once this was brought to the manager's attention it was addressed. This area should be kept clear from obstruction at all times, the manager provided assurance that this would be reviewed daily on her walk around. This will be followed up on the next inspection.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Sarah Martin has been the acting manager in this home since 17 August 2023, Mrs Martin has commenced an application with RQIA to become the registered manager of the home.

Staff commented positively about the manager and described her as supportive, approachable and able to provide guidance.

It was clear from the records examined that the manager had processes in place to monitor the quality of care and other services provided to patients. However, it was observed that the patient weight audit action plan did not evidence clear time bound actions. 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	1*	6*

*the total number of areas for improvement includes one regulation and one standard that have been stated for a second time.

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 20 (1) (c) (i) **Stated:** Second time **To be completed by:** 30 October 2024	The Registered Person shall ensure that all staff receive and complete mandatory training appropriate to their job role. Ref: 2.2 and 3.3.1
	Response by registered person detailing the actions taken: To aid training compliance, the Home now has it's own trainers for Safeguarding, BLS and Fire Training to help ensure timely training and compliance. As a result, the compliance for mandatory training is 90%.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 4 **Stated:** Second time **To be completed by:** 18 October 2024	The Registered Person shall ensure that the daily fluid intake of patients is meaningfully and regularly reviewed by nursing staff. Ref: 2.0 and 3.3.3
	Response by registered person detailing the actions taken: The fluid intake of all residents is recorded and a 24 hour total completed daily, nursing staff review this at handover and at daily flash meetings. Where residents have not met their RDI the appropiate actions are taken, and the GP is informed for advice. Supervisions have been completed with Nursing staff re: fluid review and management.The daily fluid totals are noted in the daily progress notes.
Area for improvement 2 **Ref:** Standard 41 **Stated:** First time **To be completed by:** 18 October 2024	The Registered Person shall ensure that the staff duty rota is maintained in keeping with legislation and best practice guidance. Ref: 3.3.1
	Response by registered person detailing the actions taken: Staff rotas are signed off by the Home Manager once completed and the Nurse in charge highlighted. All handwritten entries are now signed, and staff are aware that only the nurse-in-charge, administrator or Home Management may make amendments to the rota. This will be closely monitored by the Home Manager and by senior management as part of ongoing compliance visits.

Area for improvement 3 **Ref:** Standard 23 **Stated:** First time **To be completed by:** 18 October 2024	The Registered Person shall ensure that where a patient requires repositioning this is completed in accordance with their care plan and reflected within supplementary recording charts. Ref: 3.3.2
	Response by registered person detailing the actions taken: Meetings have been held by the Home Manager and supplementary record keeping discussed with staff. This is also discussed at daily flash meetings, Nursing staff carry out spot checks on these records and they are also checked during daily walkarounds and on compliance visits. A written supervision has also been completed with staff regarding supplementary records.
Area for improvement 4 **Ref:** Standard 4 **Stated:** First time **To be completed by:** 18 October 2024	The Registered Person shall ensure that where a patient has a wound: • specific wound care plans are developed and kept under regular review • wound dressing records are consistent in accordance with the prescribed care. Ref: 3.3.3
	Response by registered person detailing the actions taken: Wound care has been discussed with Nurses at daily flash meetings and at a separate meeting with Nursing staff. Wound audits are being completed regularly and any actions or deficits addressed with Nursing staff. This is being monitored by the Home Manager and senior management team. The Home Manager and the Quality and Regional Support Manager are reviewing the wound care plans and dressing regimes duing compliance visits.
Area for improvement 5 **Ref:** Standard 46 **Stated:** First time **To be completed by:** 30 October 2024	The Registered Person shall ensure all storage areas are kept tidy, free from inappropriate items and that items are not stored on the floor. Ref: 3.3.3
	Response by registered person detailing the actions taken: The service block area was cleared and cleaned immediately post inspection. Daily walkarounds with the inclusion of these areas are being completed.

Area for improvement 6 **Ref:** Standard 35 **Stated:** First time **To be completed by:** 30 October 2024	The Registered Person shall ensure that patient weight audits evidence a clear time bound meaningful action plan. Ref: 3.3.4
	Response by registered person detailing the actions taken: An action plan is completed for any actions required following a weight audits to ensure any follow up actions are addressed in a timely manner. Any residents that have lost significant weight are reported to the Trust and referrals made to other health professionals as appropriate. Care plans of those who have lost weight are reviewed by the Home Manager and Deputy Manager to ensure that care plans have been updated and appropiate actions taken.

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