



Unannounced Care Inspection Report

25 April 2019



Gortacharn

Type of Service: Residential Care Home
Address: 21 Nutfield Road, Lisnaskea BT92 0LB
Tel no: 02867721030
Inspector: Bronagh Duggan

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 15 residents within the categories of care as outlined in Section 3.0 of this report. The home is situated on the same site as Gortacharn Nursing Home.

3.0 Service details

Organisation/Registered Provider: Gortacharn Responsible Individuals: Richard James Trimble Robena Heather Trimble	Registered Manager and date registered: Jill Trimble 11 May 2018
Person in charge at the time of inspection: Beena Joseph – deputy manager	Number of registered places: 15
Categories of care: Residential Care (RC) I - Old age not falling within any other category PH - Physical disability other than sensory impairment	Total number of residents in the residential care home on the day of this inspection: 14

4.0 Inspection summary

An unannounced care inspection took place on 25 April 2019 from 10.00 to 16.30 hours.

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

Evidence of good practice was found in relation to staff recruitment, induction, training, care reviews, culture and ethos of the home and maintaining good working relationships.

Areas requiring improvement were identified in relation to the frequency of staff meetings and reporting of notifiable events.

Residents described living in the home in positive terms.

Comments received from residents, one visiting professional and staff during the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Beena Joseph, deputy manager, as part of the inspection process. Jill Trimble, registered manager, was also present for feedback at the conclusion of the inspection. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 17 September 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 17 September 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received since the previous inspection.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home.
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home.
- observe practice and daily life.
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. Ten completed questionnaires were returned within the identified timescale following the inspection. All respondents indicated that they were very satisfied with the care provided.

During the inspection a sample of records was examined which included:

- staff duty rotas from 8.4.19 to 29.4.19
- staff training schedule
- sample of competency and capability assessments
- supervision and annual appraisal schedule
- two staff recruitment and induction records
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records from September 2018 to April 2019
- a sample of reports of visits by the registered provider

- minutes of staff meetings
- minutes of residents meetings
- RQIA registration certificate

Areas for improvements 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 September 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 17 September 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20.(3) Stated: First time	The registered person shall carry out a competency and capability assessment with any person who is given the responsibility of being in charge of the home for any period of time in his absence.	Met
	Action taken as confirmed during the inspection: Discussion with the deputy manager and review of records maintained in the home showed competency and capability assessments had been completed for staff given the responsibility of being in charge of the home in the manager's absence.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 24.2 Stated: First time	The registered person shall ensure staff have recorded individual, formal supervision according to the home's procedures and no less than every six months for staff who are performing satisfactorily.	Met
	Action taken as confirmed during the inspection: Discussion with the deputy manager and review of records in the home showed formal supervision had been completed with staff in the home and that arrangements were in place to ensure ongoing and regular formal supervision for staff.	
Area for improvement 2 Ref: Standard 24.5 Stated: First time	The registered person shall ensure staff have a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans.	Met
	Action taken as confirmed during the inspection: Discussion with the deputy manager and review of records showed staff had completed annual appraisals. The deputy manager confirmed these would be completed annually on an ongoing basis.	
Area for improvement 3 Ref: Standard 20.6, 20.9 Stated: First time	The registered person shall ensure the statement of purpose and residents guide is reviewed and updated to reflect the use of the key pad system.	Met
	Action taken as confirmed during the inspection: Discussion with the deputy manager and review of the statement of purpose and residents guide showed they had been updated to reflect the use of the keypad system.	

6.3 Inspection findings

6.4 Is care safe?

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

Staff spoken with advised on the staffing levels for the home, no concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home. The deputy manager confirmed the rota was subject to regular review to ensure the assessed needs of the residents were met.

Two completed induction records were reviewed; discussion with staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. Two recruitment records were reviewed these were found to be satisfactory.

Discussion with the deputy manager, staff and a review of records maintained in the home confirmed that mandatory training was regularly provided and updated for staff.

Competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. A sample of two staff competency and capability assessments were reviewed and found to be satisfactory.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The home's adult safeguarding policy was viewed during a previous inspection and was consistent with the current regional policy and procedures. An annual ASC position report had been completed for the period 1 April 2018 to 31 March 2019.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures. Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The deputy manager reported that there had been no outbreaks of infection within the last year.

“The Falls Prevention Toolkit” was discussed with the deputy manager and advice was given on the benefits of using this or a similar toolkit.

A general inspection of the home was undertaken and the residents’ bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. Some minor environmental improvements were identified including fixing an identified shower head, and to improve the legs on two identified toilet chairs. The deputy manager confirmed the issues had been identified during an environmental audit and plans were in place for them to be addressed.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

Comments received from staff during the inspection included:

- “Very supportive staff and management, staffing levels are good enough. If there are changes in (residents) needs they are reassessed. It works well.”
- “Staffing is ok, unless someone calls in sick, it doesn’t happen often. (There is) a good team.”

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, infection prevention and control, and the home’s environment.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total numb 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.

Discussion with the deputy manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Review of residents’ records maintained in the home showed residents’ consent was reflected with regard to holding personal records and allowing relevant professionals to view same. A review of three care records confirmed that they included an up to date assessment of needs, risk assessments, care plans, and daily/regular statement of health and well-being of the

resident. Care records were stored using an electronic format. Care needs assessment and care plans were reviewed and updated on a monthly basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example, staff shared how a resident did not like to participate in group activities, but instead was supported with one to one interactions and activities.

A varied and nutritious diet was provided to meet the dietary needs and preferences of the residents. Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. Guidance and recommendations provided by dieticians and SALT were reflected within the individual residents' care plans and associated risk assessments. Discussion with staff confirmed they were aware of the specific dietary needs of residents and how to access relevant dietary information.

The deputy manager advised that if needed wound care would be managed by community nursing services but that this was not currently an issue for any resident in the home.

The deputy manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Care records were reviewed monthly or more frequently if required. Further evidence of audit was contained within the reports of the visits by the registered provider and the annual quality review report.

The deputy manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, monthly residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident meetings were reviewed during the inspection. It was noted the last staff meeting was held in November 2018, the need to ensure these are held regularly and no less than quarterly was discussed with the deputy manager. This was identified as an area for improvement to comply with the standards.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with staff confirmed that management operated an open door policy with regard to communication within the home.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Some comments received from staff and a visiting professional included:

- "I love it (working here). I like the caring aspect. I am very happy here they are a great bunch of residents. (Resident) moved in a couple of months ago, he said his only regret was that he didn't come sooner." (staff)
- "They are very good (staff); they keep you well informed. The staff are very aware of the residents' needs. You are kept well informed of any changes." (visiting professional)

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

One area was identified for improvement this related to the frequency of staff meetings.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

Discussion with staff confirmed the home promoted a culture and ethos that supported the values of dignity and respect for residents.

Discussion and observation of care practice and social interactions demonstrated that residents were comfortable and relaxed in the home. Interactions were observed to be warm and friendly. Staff described their awareness of promoting residents' rights, independence, dignity and how confidentiality was protected.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs were met within the home, for example information was displayed in the home which outlined the schedule for different ministers to visit the home.

Residents were provided with information, in a format that they could understand, to enable them to make informed decisions regarding life in the home. The daily menu and activities schedule were displayed in central part of the home.

Discussion with staff, residents, and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. Residents were supported to maintain individual interests and likes for example one resident shared that they enjoyed knitting another was observed completing puzzles. During the inspection residents were observed participating in a music and movement session.

Residents' views and opinions were gathered on an ongoing basis, and residents were encouraged and supported to actively participate in the annual reviews of their care; there was also evidence of monthly residents' meetings.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities, for example arts, crafts, and musical events. Staff shared how the residents had participated in a choir for Easter and visited the adjoining nursing home. Arrangements were in place for

residents to maintain links with their friends, families and wider community and visitors are welcome to the home.

Residents and staff spoken with during the inspection made the following comments:

- “It is very good, the food is beautiful. I have no complaints.” (resident)
- “It’s the best, everything is the best.” (resident)
- “The staff are very nice, they are very kind.” (resident)
- “I am very happy here. Everyone is very nice, it couldn’t be better.” (resident)
- “It’s a good place, the next best thing to home, the food is great, couldn’t be better.” (resident)
- “This is my home, the staff are kind...Carmie is very good, Beena is very reliable. Carmie is very attentive about my medication.” (resident)
- “Everything is good here.”(resident)
- “I love it, it’s a really good place to work. I think because it is so small, it’s homely.” (staff)

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, and listening to and valuing patients and their representatives.

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 deputy manager outlined the management arrangements and governance systems in place within the home and stated that the needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

There was a complaints policy and procedure in place; there was a system in place to record and handle complaints. There had been no new complaints since the previous inspection. There was a record of compliments maintained in the home.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that two incidents had not been reported to RQIA as required, although other relevant bodies had been

informed accordingly. The reporting of notifiable events was identified as an area for improvement to comply with the regulations.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example falls prevention training, and training relating to equality, good relations and human rights.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose. The deputy manager stated that responsible individual would regularly visit the home.

The returned QIP confirmed that the registered provider/s responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas of good practice

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

Areas for improvement

One area was identified for improvement this related to reporting of notifiable events.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Beena Joseph, deputy manager, during the inspection and Jill Trimble, registered manager, at the conclusion of the inspection. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure

that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

Area for improvement 1 Ref: Regulation 30 Stated: First time To be completed by: 26 April 2019	The registered person shall ensure notifiable events are reported to RQIA appropriately as listed under the regulation. Ref: 6.7
	Any notifiable events which occur will be reported to RQIA as listed under the regulation.

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

Area for improvement 1 Ref: Standard 25.8 Stated: First time To be completed by: 25 May 2019	The registered person shall ensure staff meetings take place on a regular basis and at least quarterly. Ref: 6.6
	Response by registered person detailing the actions taken: Staff meetings will continue to take place on a regular basis- now quarterly instead of every six months.

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



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