



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 3 February 2020



## Glencarron

**Type of Service: Nursing Home**  
**Address: 6 Creamery Road, Crossmaglen, BT35 9AD**  
**Tel No: 028 3086 8366**  
**Inspector: Caroline Rix**

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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 Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered nursing home which provides care for up to 44 patients.

### 3.0 Service details

|  |  |
|--|--|
| <p><b>Organisation/Registered Provider:</b><br/>Glencarron Homes Ltd</p> <p><b>Responsible Individuals:</b><br/>Brenda Liddy<br/>Bridget Liddy</p>   | <p><b>Registered Manager and date registered:</b><br/>Oonagh Grant – 21 December 2011</p>  |
| <p><b>Person in charge at the time of inspection:</b><br/>Clinical Sister</p>  | <p><b>Number of registered places:</b><br/>44</p> <p>Of the 44 residents accommodated there shall be a maximum of 4 assessed as NH-DE and a maximum of 10 in categories NH-PH &amp; NH-PH(E). The home is also approved to provide care on a day basis for a maximum of 9 persons or a maximum of 5 persons of high dependency</p> |
| <p><b>Categories of care:</b><br/>Nursing Home (NH)<br/>I – Old age not falling within any other category.<br/>DE – Dementia.<br/>PH – Physical disability other than sensory impairment.<br/>PH(E) - Physical disability other than sensory impairment – over 65 years.</p> | <p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b><br/>43</p>  |

### 4.0 Inspection summary

An unannounced care inspection took place on 3 February 2020 from 10.00 hours to 15.20 hours. This inspection was undertaken by the care inspector.

The term 'patient' is used to describe those living in Glencarron Nursing Home which provides nursing care and day care.

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. Areas for improvement in respect of the previous finance inspection have also been reviewed and validated.

Evidence of good practice was found in relation to staffing, training, risk management, record keeping, the culture and ethos, dignity and privacy, listening to patients, communication, governance arrangements and teamwork.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others and with staff.

Comments received from patients, people who visit them and staff during and after 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 patients' experience.

#### 4.1 Inspection outcome

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

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

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

#### 4.2 Action/enforcement taken following the most recent inspection dated 23 and 30 July 2019

The most recent inspection of the home was an unannounced care, medicines management and finance inspection undertaken on 23 and 30 July 2019. 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 including medicines management and finance issues, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, 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

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. One questionnaire was returned to RQIA and indicated they were 'very satisfied' that the care was safe, effective, and compassionate and the home was well led. A comment noted on a returned survey stated:

- 'I always like to know when xxx has a cough etc I know she will get the best care.'

A poster was provided for staff detailing how they could complete an electronic questionnaire with their views; no responses were received by RQIA.

The following records were examined during the inspection:

- duty rota for all staff from 27 January to 9 February 2020
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- incident, accident and notification records
- two staff recruitment and induction files
- two patient care records
- four patient care charts including food and fluid intake charts and reposition charts
- patient financial ledger records
- a sample of governance audits/records
- complaints record
- compliments received
- monthly quality monitoring reports from November 2019 to January 2020
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as 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 previous inspection(s)

| Areas for improvement from the last care inspection   |   |                          |
|---|---|--------------------------|
| Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 |   | Validation of compliance |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Regulation 12 (1) (a) and (b)                  | The registered person shall ensure a wound care plan is developed for any wound treated in the home and contains up to date detail of the wound dressing regime and treatment plan. | <b>Met</b>               |

|   |  |                                 |
|---|--|---------------------------------|
| <b>Stated:</b> First time   | <b>Action taken as confirmed during the inspection:</b><br>The inspector reviewed records that verified patient care plans had been expanded. Records contained details of the wound dressing regime, a body map and records of the wound healing progress.  |                                 |
| <b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>      |  | <b>Validation of compliance</b> |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Standard 14.11<br><br><b>Stated:</b> Second time | <p>The registered person shall ensure that records made on behalf of patients are legible and mistakes appropriately dealt with on the face of the ledger (i.e. a clear line crossed through the incorrect entry with an amendment on the line below and initialled by the member of staff recording the entry). Correcting fluid is never used to amend records.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>The inspector reviewed records that verified records made on behalf of patients were legible and mistakes appropriately dealt with on the face of the ledger (i.e. a clear line crossed through the incorrect entry with an amendment on the line below and initialled by the member of staff recording the entry).</p> | <b>Met</b>                      |
| <b>Area for improvement 2</b><br><br><b>Ref:</b> Standard 14.26<br><br><b>Stated:</b> Second time | <p>The registered person shall ensure that an inventory of property belonging to each patient is maintained throughout their stay in the home. The inventory record is reconciled at least quarterly. The record is signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p> <p><b>Action taken as confirmed during the inspection:</b><br/>The inspector reviewed records that verified a revised recording template has been implemented for the inventory of property belonging to each patient. The inventory records sampled had been reconciled quarterly. The records were signed by the staff member undertaking the reconciliation and countersigned by a senior member of staff.</p>           | <b>Met</b>                      |



|  |   |            |
|--|---|------------|
| <b>Area for improvement 3</b><br><b>Ref:</b> Standard 48 Criteria (1)<br><b>Stated:</b> First time | The registered person shall ensure that a fire sensor is fitted within the identified room containing the electrical distribution box.  | <b>Met</b> |
|  | <b>Action taken as confirmed during the inspection:</b><br>The inspector found a fire sensor had been fitted within the identified room containing the electrical distribution box and is subject to regular fire safety checks as required.  |            |
| <b>Area for improvement 4</b><br><b>Ref:</b> Standard 44 Criteria (1)<br><b>Stated:</b> First time | The registered person shall ensure that the flooring in the identified laundry room is repaired or replaced to ensure that it can be cleaned effectively.   | <b>Met</b> |
|  | <b>Action taken as confirmed during the inspection:</b><br>The inspector viewed the replacement of the flooring in the identified laundry room was satisfactory to ensure that it can be cleaned effectively.   |            |
| <b>Area for improvement 5</b><br><b>Ref:</b> Standard 4 Criteria (9)<br><b>Stated:</b> First time  | The registered person shall ensure that patients are repositioned in accordance with their care plans and that all records of any repositioning are maintained up to date.  | <b>Met</b> |
|  | <b>Action taken as confirmed during the inspection:</b><br>The inspector reviewed records that verified patients are repositioned in accordance with their care plans and that all records of any repositioning were being are maintained up to date. The auditing of this area was found to confirm consistent good practice by staff. |            |

## 6.2 Inspection findings

### 6.3 Is care safe?

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

The clinical sister confirmed that the planned staffing levels for the home were subject to weekly review to ensure the assessed needs of patients were met. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to. We also sought staff opinion on staffing via the online survey; no responses were received.

Patients and patients' visitors spoken with during the inspection were satisfied with staffing levels in the home. The opinion of patients and patients' visitors on staffing levels were sought via questionnaires; the response confirmed there is enough staff.

We observed that staff were responsive to patients' needs, assistance was provided in a timely manner and call bells were answered promptly.

The home's staff recruitment processes was discussed with the clinical sister who was knowledgeable in relation to safe recruitment practices. The clinical sister confirmed that a number of new staff have been appointed in the last year to fill vacant posts although staff turnover is generally low. A review of the recruitment records for two staff confirmed all pre-employment information had been obtained and reviewed in keeping with regulations. Staff spoken with stated they had completed a period of induction and review of records confirmed this process.

There was a system in place to monitor the registration status of registered nurses with the NMC and care staff with NISCC and this clearly identified the registration status of all staff.

Staff spoken with demonstrated their knowledge of how to deal with any potential safeguarding issues; they were also aware of their duty to report concerns. Staff were knowledgeable regarding their own roles and responsibilities and were familiar with the home's whistleblowing policy.

Staff confirmed that they received required mandatory training to ensure they knew how to provide the appropriate care. All staff stated that they felt that their mandatory training provided them with the skills and knowledge to effectively care for patients within the home. The clinical sister confirmed that staff compliance with mandatory training was monitored and that they were prompted when training was due. Staff indicated that additional training on specific care topics had also been provided, as required.

The entrance area to the home was welcoming and well decorated; there was information available relating to infection control and making a complaint. A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, and dining room and storage areas. Patients' bedrooms, lounges and dining room were found to be warm, comfortable, clean and tidy. Bedrooms were personalised to suit the tastes and preferences of individual patients.

The inspector observed that fire safety measures were in place to ensure patients, staff and visitors to the home were safe. Fire exits and corridors were observed to be clear of clutter and obstruction.

Staff were observed adhering to infection, prevention and control best practice standards throughout the inspection. Gloves and aprons were readily available to staff and used appropriately while they were attending to patients' needs. The provision and use of handwashing facilities throughout the home was observed to be consistently utilised.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, adult safeguarding and infection prevention and control.



**Areas for improvement**

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

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

**6.4 Is care effective?**

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

The inspector observed the daily routine and the care given to patients in the home and was satisfied that patients received the right care at the right time.

Staff confirmed they received a handover when they came on duty which provided them with an update on the patients’ care needs and any changes to these. Staff spoken with were knowledgeable about the patients’ care needs and confirmed that these were regularly reviewed to determine the effectiveness of care delivered and if the patients’ needs had changed.

Review of two patient’s care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines. A range of risk assessments had been completed to inform care planning for the individual patients. There was evidence that the care planning process included input from the patient and their representatives. There was evidence of regular communication with patient representatives within the care records.

Falls and post falls management to patients was also examined. Evidence was present of a risk assessment regarding falls and that following a recorded fall the post falls management protocol was followed, supporting documentation, for example; updated risk assessment and care plan were present.

There was evidence of referrals having been made to relevant health care professionals, such as the Crest wound care team and dietician or speech and language therapist (SALT), where necessary. Patients care plans included recommendations from these professionals, dietician and/or SALT, as required, and were regularly reviewed. Review of four patient’s care charts confirmed full records had been maintained relating to food and fluid intake and reposition of identified patients.

Feedback from patients’ included the following comments:

- “I am well looked after here, it is like a home from home.”
- “I am very happy with the care provided. I think the staff are well trained and professional but can enjoy a good laugh with us all.”
- “I feel the care is good.”

Staff were observed engaging with patients and visitors in an open and friendly manner throughout the day. Those unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff. We noted that call bells were answered promptly.

Staff comments received included:

- “The training is excellent and we can ask if want to learn about other subjects. We build up relationships with our patients and their families, many lived locally and we have known before coming into us, some over many years, that is very rewarding. The care we give is very good.”
- “The resident’s choices and preferences are listened to and are respected. I enjoy working here. The best thing is when we gain their trust and know their special ways.”
- “Team work here is excellent. My job is very good and rewarding. We have time to do the little things that residents like.”
- “It is sad when a patient dies; we miss them and their visitors.”

The inspector observed the serving of lunch in the dining room. The menu choices were displayed and patients’ choices had been sought. Patients were offered clothing protectors and staff were wearing aprons. A nurse was overseeing the meal and the atmosphere was calm, unhurried and relaxed. Patients were offered a selection of drinks throughout the meal time.

Staff demonstrated their knowledge of how to thicken fluids if necessary and which patients required a modified diet. The food smelled appetising and was well presented. It was obvious that staff were aware of individual patients’ likes and dislikes. Staff assisted patients as required and independent eating was encouraged. Food was observed being carried to bedrooms on trays which was appropriated covered.

Patients spoken with expressed their satisfaction with the quality and variety of food provided in the home. A record of patients’ food and fluid intake was maintained; records reviewed were up to date.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to record keeping, referral to other healthcare professionals and the meal time experience.

**Areas for improvement**

No areas for improvement were identified during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

**6.5 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.**

The inspector spoke with three patients about their experience of living in Glencarron Nursing Home. Patients shared their views about life in the home, they commented:

- “I am happy enough here. I like my own room which is very comfortable. The staff are very good and caring. I can speak up if have any worries and it will get sorted out for me.”
- “I like living here. (Thumbs up sign).”

- “The staff are very good to me; I get all the help I need. I enjoy the food and there is plenty of it, I enjoyed my stew today.”

Relatives spoken with during the inspection commented:

- “You couldn’t ask for a better home. My relative has great carers and nurses who keep the family up to date. I can visit anytime and am always welcomed. My relative is encouraged to do as much as she can for herself, which is great.
- “I never had any problems, but the family could raise any issue with the nurse or manager and am sure it would be sorted out immediately.”

Observation of care delivery evidenced that staff treated patients with dignity and respect. We observed that staff knocked on bedroom and bathroom doors before entering and ensured doors were closed when delivering care to preserve patients’ privacy. Staff stated that “we get to know the patients very well”. The inspector observed patients being transferred from wheelchairs to lounge chairs using various hoists and standing aids with the staff members providing reassurance and chatting with them throughout.

Patients spoken with said that if they had a concern they knew whom to talk to and they felt listened to by staff in the home.

A number of compliments were noted and logged from thank you cards received by the home comments included:

- “To all the staff at Glencarron Care Home, with many thanks from all our family.’
- ‘Thank you very much for looking after xxx during her first respite stay.’
- ‘Just wanted to thank you all for the care and attention mum received during her last years, especially during her final week. Also thank you for the hospitality shown to our family during this difficult time. Always in our prayers.’

**Areas of good practice**

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

**Areas for improvement**

No areas for improvement were identified during the inspection.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 0         |

## 6.6 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.**

There had been no change in management arrangements since the last inspection. A review of the duty rota evidenced that the manager's hours and the capacity in which these were worked were clearly recorded.

The certificate of registration issued by RQIA was displayed in the entrance hall of the home. Discussions with staff and observations confirmed that the home was operating within the categories of care registered.

Review of a selection of governance audits evidenced that systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home and to ensure action was taken as a result of any deficits identified to drive quality improvement. Audits were completed to review areas such as accidents/incidents, falls, infection prevention and control, complaints and medication records and care plans.

Discussions with the clinical sister and review of records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

There was also a system in place to ensure complaints were managed appropriately. The inspector reviewed records of complaints received since the last inspection in July 2019, and found they had been investigated and managed appropriately and resolved.

Monthly quality monitoring reports were reviewed for November 2019 to January 2020. These reports had been completed by the responsible person and were appropriately detailed with a wide range of information included and an action plan to address any issues identified. The records indicated engagement with staff, patients, and where appropriate their representatives. Reports viewed were noted to include details of the review of the previous action plan, review of staffing arrangements, accidents/incidents, adult safeguarding matters, care records, environmental matters and complaints.

Discussions with staff evidenced that they felt there were good working relationships within the home and they felt supported in their role. Comments included:

- "I love working here; I enjoy working with our residents and getting a big hug some days."
- "We have good support from the manager who is very approachable and will put on a uniform to care for residents if we are very busy."
- "The teamwork and support is very good. We have the opportunity to raise ideas or issues and these do get listened to by the management."

### Areas of good practice

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

## Areas for improvement

No areas for improvement were identified during the inspection.

|                                       | Regulations | Standards |
|---------------------------------------|-------------|-----------|
| Total number of areas for improvement | 0           | 0         |

### 7.0 Quality improvement plan

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



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