

Inspection Report

2 November 2022



Glenmachan Tower House

Type of service: Nursing Home
Address: 13 Glenmachan Road, Belfast, BT4 2NL
Telephone number: 028 9076 3441

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Church of God - Glenmachan Responsible Individual: Mr Albert Alan Stephens	Registered Manager: Ms Claire Frances Hughes – not registered
Person in charge at the time of inspection: Ms Claire Frances Hughes, Manager	Number of registered places: 39
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. 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: 30
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 39 patients. The bedrooms are situated over two floors. There is access to various communal spaces such as lounges, dining areas and gardens.	

2.0 Inspection summary

An unannounced inspection took place on 2 November 2022 from 09.20 am to 5.45 pm by a care inspector.

The inspection assessed progress since the last 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 care delivery and maintaining good working relationships.

Five areas for improvement have been identified in relation to medicine management, the availability of monthly monitoring reports and regarding Infection Prevention and Control (IPC). The total number of areas for improvement includes three regulations which are carried forward for review at the next inspection.

The home was found to be clean, tidy, well-lit, comfortably warm and free from malodour.

Staffing arrangements were found to be satisfactory and reviewed regularly by the manager in order to meet the assessed needs of the patients. Staff were seen to be professional and polite as they conducted their duties and told us they were supported in their role with training and resources.

Patients were observed to be well looked after regarding attention to personal care and appearance and staff provided care in a compassionate manner. The lunchtime meal was served to patients by staff in an unhurried, relaxed manner.

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.

Comments received from patients, patients' relatives, staff and a visiting professional are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience. Addressing the areas for improvement will further enhance the quality of care and service in the home.

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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

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 and 'Tell Us' cards 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 Ms Claire Hughes, Manager, at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with six patients individually, small groups of patients in the lounge and dining area, three patients' relatives, a visiting professional and five staff. Patients told us that they felt well cared for, enjoyed the food and that staff members were attentive. Patients' relatives spoken with were complimentary regarding staff and the manner in which they cared for their loved ones. Staff said there was good team work and that they felt supported in their role. Comments made were shared with the manager, post inspection.

A visiting professional commented: "The staff are helpful and good at following up on advice. I've no concerns."

Following the inspection we received one completed patient questionnaire. The returned questionnaire indicated that they were satisfied that the care provided was safe, effective, compassionate and well led. No patient representative or staff questionnaires were received within the timescale specified.

The returned questionnaire contained the following comment: "Very happy at Glenmachan".

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 11 November 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 12 (1) (a) (b) Stated: First time	The registered person shall ensure that the following is in place for wound care: <ul style="list-style-type: none"> The wound care plan includes the required frequency of the dressing regimen. Nursing staff record all wound care interventions in an accurate, thorough and consistent manner in compliance with legislative and best practice standards. 	Met
	Action taken as confirmed during the inspection: Review of wound care records evidenced that care plans include the required frequency of the dressing regimen. Wound care interventions were recorded in an accurate, thorough and consistent manner in compliance with legislative and best practice standards.	

Area for Improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that records of prescribing and administration of thickening agents, including the recommended consistency level are maintained.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for Improvement 3 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that clear records for the prescribing and administration of nutrition and fluids via the enteral route are maintained. Fluid intake charts should be totalled each day.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for Improvement 4 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that all nurses are aware of their accountability in ensuring that medicines are available for administration on all occasions. Any potential out of stocks must be followed up without delay.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 5 Ref: Regulation 13(7) Stated: Second time	The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.	Met
	This is made in reference but not limited to the correct use of PPE.	
	Action taken as confirmed during the inspection: Review of the environment and of the correct use of PPE evidenced that this area for improvement has been met.	

Area for improvement 6 Ref: Regulation 13 (1) (a) (b) Stated: Second time	The registered person shall ensure that all unwitnessed falls are managed in line with best practice guidance and that neurological observations are recorded accordingly. Action taken as confirmed during the inspection: Review of records evidenced that unwitnessed falls are managed in line with best practice guidance and that neurological observations are recorded accordingly.	Met
Area for improvement 7 Ref: Regulation 14 (2) (a) (c) Stated: First time	The registered person shall ensure that patients do not have access to hazards in any area of the home in keeping with COSHH legislation. This is stated in reference to the cleaning chemicals and thickening agent. Action taken as confirmed during the inspection: Review of the environment evidenced that patients do not have access to hazards in any area of the home in keeping with COSHH legislation. Chemicals and thickening agents were noted to be securely stored.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for improvement 1 Ref: Standard 48 Stated: First time	The registered person shall ensure that a matrix is maintained of staff who have attended fire drills within the home. Action taken as confirmed during the inspection: Review of the matrix evidenced a record is kept of staff who have attended fire drills within the home.	Met
Area for improvement 2 Ref: Standard 23 Stated: First time	The registered person shall ensure that repositioning records are completed in full at the time of each repositioning and nursing staff evaluate the effectiveness of this care. Action taken as confirmed during the inspection: Review of repositioning records evidenced they are completed in full at the time of each repositioning and nursing staff evaluate the effectiveness of this care.	

Area for improvement 3 Ref: Standard 12 Stated: First time	The registered person shall ensure in regard to patient weight management; MUST tools are accurately calculated and appropriate actions taken if a weight loss is identified.	Met
	Action taken as confirmed during the inspection: Discussion with trained staff and review of records evidenced that in regard to patient weight management; MUST tools are accurately calculated and appropriate actions taken if a weight loss is identified.	
Area for improvement 4 Ref: Standard 46 Stated: First time	The registered person shall ensure the shower chairs and commodes are effectively cleaned after each use.	Met
	Action taken as confirmed during the inspection: Observation of a selection of shower chairs and commodes evidenced they are effectively cleaned after each use.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Staff said there was good team work and that they felt supported in their role. Staff also said that, whilst they were kept busy, staffing levels were generally satisfactory apart from when there was an unavoidable absence. The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this. The manager's hours, and the capacity in which these were worked, were clearly recorded.

We discussed the provision of mandatory training with staff. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Review of staff training records for 2021/2022 evidenced that staff had attended training regarding moving and handling, first aid, adult safeguarding, infection prevention and control (IPC) and fire safety. The manager advised that face to face training regarding moving and handling, first aid and fire awareness have been arranged for November 2022.

Staff told us they were aware of individual patients' wishes, likes and dislikes. It was observed that staff responded to requests for assistance promptly in an unhurried, caring and compassionate manner. Patients were given choice, privacy, dignity and respect.

5.2.2 Care Delivery and Record Keeping

Patients' needs were assessed 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' individual likes and preferences were 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.

Care records regarding patients at risk of falls and wound management were reviewed and evidenced that they were clearly documented and well maintained to direct the care required and reflect the assessed needs of the patient. Appropriate risk assessments and evaluations had been completed.

A review of records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example bed rails and alarm mats. Care plans were in place for the management of alarm mats.

Review of supplementary charts for patients who require to be assisted by staff to reposition, in order to provide pressure relief, evidenced they were well documented.

Neurological observation charts for patients who had unwitnessed falls were reviewed. It was noted that they were well recorded for a period of twenty-four hours in line with post fall protocol and current best practice.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), the speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the Dietician.

Staff attended a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable about individual patients' needs including, for example, their daily routine preferences. Staff respected patients' privacy and spoke to them with respect. It was also observed that staff discussed patients' care in a confidential manner and offered personal care to patients discreetly.

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.

We observed the serving of the lunchtime meal in the main dining room. The daily menu was displayed on a menu board showing patients what is available at each mealtime. Staff had made an effort to ensure patients were comfortable throughout their meal. A choice of meal was offered and the food was attractively presented and smelled appetising. The food appeared nutritious and was 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. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Adequate numbers of staff were observed assisting patients with their meal appropriately, in an unhurried manner and a registered nurse was overseeing the mealtime. Patients able to communicate indicated that they enjoyed their meal.

5.2.3 Management of the Environment and Infection Prevention and Control

We observed the internal environment of the home and noted that the home was comfortably warm and clean throughout.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were suitably furnished and comfortable. Patients could choose where to sit or where to take their meals and staff were observed supporting them to make these choices. A variety of methods was used to promote orientation. There were clocks and photographs throughout the home to remind patients of the date, time and place. Equipment used by patients such as walking aids and hoists were seen to be clean and well maintained.

The kitchen, treatment room, sluice room and cleaner's store were observed to be appropriately locked when staff were not present.

On review of the home's environment, inappropriate storage of items and equipment was observed in identified bathrooms. It was noted that the door handle in one bathroom was faulty and broken and could not be effectively used to open or close the door properly. This was discussed with the manager. An area for improvement regarding appropriate storage in relation to infection prevention and control was identified.

Correspondence from the manager on 8 November 2022 confirmed the door handle has been fixed.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors and fire exits were clear from clutter and obstruction.

All visitors to the home had a temperature check and a health declaration completed when they arrived at the home.

Observation of practice and discussion with staff confirmed that effective arrangements were in place for the use of Personal Protective Equipment (PPE).

Personal protective equipment, for example face masks, gloves and aprons were available throughout the home. Dispensers containing hand sanitiser were seen to be full and in good working order. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Visiting and Care Partner arrangements were managed in line with DOH and IPC guidance. There were systems in place to manage the risk of infection and to ensure that guidelines regarding the current COVID-19 pandemic were adhered to.

5.2.4 Quality of Life for Patients

It was observed that staff offered choices to patients throughout the day which included, for example, preferences for what clothes they wanted to wear and food and drink options. Patients could have a lie in or stay up late to watch TV if they wished and they were given the choice of where to sit; some patients preferred to spend most of the time in their room and staff were observed supporting patients to make these choices.

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 on the notice board advising patients of forthcoming events. Patients' needs were met through a range of individual and group activities such as attending the Harvest festival, a Halloween event, poppy making and indoor games.

Review of the activity book evidenced that a record is kept of all activities that take place, the names of the persons leading each activity and the patients who take part. Comments recorded showed that patients enjoyed the activities they attended.

Staff recognised the importance of maintaining good communication between patients and their relatives, especially whilst visiting is disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. 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

Since the last inspection there has been a change of manager. Discussion with staff, patients and their representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff members were able to identify the person in charge of the home in the absence of the manager.

Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the Nursing and Midwifery Council (NMC) and care staff registration with the Northern Ireland Social Care Council (NISCC).

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, wounds, weight and infection prevention and control (IPC) practices, including hand hygiene.

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 residents' next of kin and their care manager and appropriate action had been taken.

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. Ms Claire Hughes, Manager, was identified as the appointed safeguarding champion for the home. Staff members spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

It is required that the home is visited each month by a representative of the registered provider to consult with patients, their representatives and staff and to examine all areas of the running of the home. These reports are made available for review by patients, their representatives, the Trust and RQIA. The reports of these visits showed that where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. However, not all reports requested were available to view. The outstanding monthly monitoring reports were requested and received post inspection, on 9 November 2022 from Mr Albert Alan Stephens, Responsible Individual. An area for improvement was identified.

It was established that systems were in place to ensure that complaints were managed appropriately. Patients and their relatives said that they knew who to approach if they had a complaint.

The manager advised that patient and staff meetings were held on a regular basis.

Staff confirmed that there were good working relationships and commented positively about the manager and described her as supportive and approachable.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	4*	1

* the total number of areas for improvement includes three regulations which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Claire Hughes, 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 13 (4) Stated: First time To be completed by: Immediately and ongoing	The registered person shall ensure that records of prescribing and administration of thickening agents, including the recommended consistency level are maintained. Ref: 5.1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediately and ongoing	The registered person shall ensure that clear records for the prescribing and administration of nutrition and fluids via the enteral route are maintained. Fluid intake charts should be totalled each day. Ref: 5.1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediately and ongoing	The registered person shall ensure that all nurses are aware of their accountability in ensuring that medicines are available for administration on all occasions. Any potential out of stocks must be followed up without delay. Ref: 5.1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 4 Ref: Regulation 29 Stated: First time	The registered person shall ensure that a copy of monthly quality monitoring reports are held within the home and are made available for the inspector to view on request. Ref: 5.2.5

To be completed by: Immediately and ongoing	Response by registered person detailing the actions taken: Monthly monitoring reports are held in main office of Glenmachan Nursing Home, and are easily accessed on request for the Inspector when visiting the home. All staff are aware of where Quality Monitoring reports are held in absence of the Manager if Inspector visits the home.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	
Area for improvement 1 Ref: Standard 46 Stated: First time To be completed by: Immediate action required	The registered person shall monitor and ensure that items and equipment is appropriately stored in order to comply with infection prevention and control policies, procedures and best practice guidance so that bathrooms remain clutter free. Ref: 5.2.3
	Response by registered person detailing the actions taken: All unnecessary equipment/items have been removed from all bathrooms and stored in appropriate areas to comply with infection prevention and control policies and will remain clutter free

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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