



Unannounced Care Inspection Report 3 September 2020



Glenmachan Tower House

Type of Service: Nursing Home
Address: 11 Glenmachan Road, Belfast, BT4 2NL
Tel No: 028 9076 3441
Inspector: Gillian Dowds

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 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 nursing home registered to provide nursing care for up to 39 persons.

3.0 Service details

Organization/Registered Provider: Church of God - Glenmachan Responsible Individual(s): Albert Alan Stephens	Registered Manager and date registered: Helen Jane Murphy – 1 April 2005
Person in charge at the time of inspection: Helen Jane Murphy	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: 32

4.0 Inspection summary

An unannounced inspection took place on 3 September 2020 from 09.30 to 17.30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan from the previous care inspection on 27 February 2020.

The following areas were examined during the inspection:

- staffing
- infection prevention and control practices.
- care delivery
- care records
- governance and management arrangements.

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
Total number of areas for improvement	3	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Helen Jean Murphy, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with six patients and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients/relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Tell Us' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. Four questionnaires were returned and all comments from same were passed to the manager for her consideration.

The following records were examined during the inspection:

- duty rotas from 24 August to 6 September 2020
- staff training records
- two staff recruitment files
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC)
- COVID-19 information file
- a selection of governance audits
- monthly quality monitoring reports
- complaints and compliments records
- incident and accident records
- three patients' care records
- RQIA registration certificate.

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)

The most recent inspection of the home was an unannounced care inspection undertaken on 27 February 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 36 (1) Stated: First time	The registered person shall ensure that the homes policies and procedures on adult safeguarding and restraint are in accordance with the statutory requirements, are evidence-based and in line with the current best practice as defined by professional bodies and national standard setting organisations.	Met
	Action taken as confirmed during the inspection: A review of the policies evidenced this area for improvement was met.	

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of Compliance
Area for improvement 1 Ref: Regulation 13(4) Stated: First time	The registered person shall ensure that the applications of topical medicines by care staff are recorded.	Met
	Action taken as confirmed during the inspection: A review of records evidenced that applications of topical medicines by care staff were recorded.	

6.2 Inspection findings

6.2.1 Staffing

The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of patients were met. On the day of the inspection we observed that

staffing levels were satisfactory and patients' needs were met by the levels and skill mix of staff on duty. We observed that staff attended to patients' needs in a caring and timely manner.

Staff spoken with told us that teamwork was good and that, whilst working through the COVID-19 outbreak had been challenging and stressful, they had been well supported by the then manager and continued to be well supported by the manager. Comments made by staff included:

- "I like it here, there is good teamwork."
- "I love it here."
- "Very happy."
- "We are like a big family."

The manager told us that staff compliance with mandatory training was monitored and staff were reminded when training was due; staff consulted confirmed they received regular training.

Review of two recruitment records evidenced that the necessary checks were completed prior to the staff members commencing employment in the home.

There was a system in place to monitor that staff were registered with the NMC or NISCC. We observed that in regard to the NMC checks the information had not been updated for two staff nurses who had renewed their registration. We confirmed these on the day of inspection and an area for improvement was made.

6.2.2 Infection Prevention and Control (IPC) practices.

We reviewed the home's environment; this included observations of a sample of bedrooms, bathrooms, lounges, dining rooms, sluices and storage areas. The home was found to be warm, clean, tidy and fresh smelling throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. Patients' bedrooms were attractively decorated and personalised.

Domestic staff told us that they had a system in place to ensure frequently touched points were regularly cleaned and deep cleaning was carried out as necessary following the current IPC guidelines.

The manager told us that the home had plenty of personal protective equipment (PPE) available and stocks were regularly replenished. PPE stations were found to be well stocked throughout the home.

We observed that staff carried out hand hygiene at appropriate times. However, PPE was not worn in accordance with the regional guidance on every occasion. Staff were compliant with the wearing of masks, although, we observed at times they were not wearing gloves and aprons appropriately. We discussed the current guidance with the manager who agreed to address this. An area for improvement was made.

6.2.3 Care delivery

Patients looked well cared for and were seen to be content and settled in their surroundings and in their interactions with staff. Staff spoke to patients kindly and with respect. Patients spoken with told us that living in Glenmachen Tower House was a positive experience; they told us:

- “Staff are very good.”
- “Staff are very helpful and friendly you couldn’t get better.”
- “Girls are good they answer the buzzer.”
- “It’s good I’m enjoying it. You get plenty to eat”
- “Very good; we are well looked after.”
- “I’ve nothing to be worried about.”

Comments made by patients were shared with the manager for her attention and action as required.

We observed that patients who were in their rooms had call bells within reach; staff were seen to be attentive to patients and to answer call bells promptly.

We observed the serving of lunch in the dining room; the food on offer was well presented and smelled appetising and patients were offered a choice of drinks with their meal. Staff were helpful, they were seen to encourage patients and offer discreet assistance where necessary. Staff demonstrated their knowledge of which patients required a modified diet. The mealtime was a pleasant and unhurried experience.

6.2.4 Care records

We reviewed three patients’ care records which evidenced that individualised care plans had been developed to direct the care required. However, some care plans lacked specific details. In one instance a care plan for mobility did not reflect the risk assessment. An area for improvement was identified.

We reviewed the wound care in place for one patient and we observed that there was a care plan in place for the wound, however, the care plan did not contain the information on how often the wound required to be redressed and there was no evidence of the wound care evaluation in place. We discussed this further with the manager and an area for improvement was identified.

There was evidence of referral to and recommendations from other healthcare professionals such as the dietician, speech and language therapist (SALT) and tissue viability nurse (TVN) where necessary.

In the event of a fall we observed that staff carried out neurological observations and updated the relevant risk assessments, however, we observed that on two occasions these observations were not carried out over 24 hours in accordance with best practice. We also discussed the falls protocol in place for patients on anti-coagulant medications with the manager and an area for improvement in relation to falls management was made.

Patients’ weights were recorded on at least a monthly basis; we evidenced that referrals were made to the appropriate healthcare professionals if weight loss occurred and recommendations regarding, for example, fortified diets were followed. Food and fluid records reviewed were up to date.

6.2.5 Governance and management arrangements

We reviewed a sample of governance audits in the home. These audits identified areas in the home that required improvement; we observed that action plans were developed and timeframes for completion were visible.

Staff were complimentary about the manager and advised that they found her supportive and approachable.

A record of written compliments and thank you cards was maintained and staff were made aware of these; comments included:

- “We appreciate the wonderful work and dedication you show to all the residents.”
- “Thank you for all your kindness.”
- “Thank you for looking after ... so well.”

Staff were kept up to date with guidance relating to COVID-19; information regarding this was readily available in the home.

Areas of good practice

Areas of good practice were observed in the personalisation of patients’ bedrooms. Further areas of good practice were identified in relation to staff interaction with patients and the teamwork within the home.

Areas for improvement

Areas for improvement were identified in relation to confirmation of registrations and the use of PPE within the guidance. Further areas for improvement were identified in relation to detailing in patient care plans, wound care documentation and management of falls.

	Regulations	Standards
Total number of areas for improvement	3	2

6.3 Conclusion

During the inspection patients were observed to be well presented and content in their surroundings. Staff were observed interacting with patients in a friendly and caring manner. Patients spoken to were positive about their experiences living in Glenmachan Tower House.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Helen Jane Murphy, manager, as part of the inspection process. 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 nursing 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 Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

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 Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time To be completed by: Immediately and ongoing	<p>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.</p> <p>This is made in reference but not limited to the correct use of PPE.</p> <p>Ref: 6.2.2</p> <p>Response by registered person detailing the actions taken: Staff now wearing apron/gloves when doing tea trolley etc in communal areas - advice from PHA advises that gloves do not need to be changed between residents. If staff assisting a resident in communal areas for any reason, apron and gloves donned and doffed as trained. Staff have always worn full PPE for direct patient care eg washing and dressing, toileting, etc. Staff have always worn surgical masks at all times except on breaks</p>
Area for improvement 2 Ref: Regulation 12(1) (a) (b) Stated: First time To be completed by: Immediately and ongoing	<p>The registered person shall ensure that the following is in place for wound care:</p> <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. <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: Nurses meeting held and Nurses reminded that all changes in type of dressings, frequency of change, etc - must be reflected in Care Plans and rationale for changes</p>
Area for improvement 3 Ref: Regulation 13 (1) (a) (b) Stated: First time To be completed by: Immediately and ongoing	<p>The registered person shall ensure that all unwitnessed falls are managed in line with best practice guidance and that neurological observations are recorded accordingly.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: Nurses meeting held and Nurses reminded that CNS observations must be continued for at least 24 hours. All falls where residents are prescribed anti - coagulants to be reported to GP (this includes Clopidogrel)</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 35 Stated: First time To be completed by: 30 October 2020	<p>The registered person shall develop a system to ensure that checks are being conducted on a regular basis in relation to staff's registration status; this was made in reference but not limited to the NMC registrations.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: A new written format has been developed to ensure monthly checks which are easily accessed</p>
Area for improvement 2 Ref: Standard 4 Stated: First time To be completed by: 1 November 2020	<p>The registered person shall ensure that robust patient centred care plans are in place for each patient's assessed need, with specific reference to mobility.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: Nurses meeting held and Nurses reminded that Moving and Handling assessment and Mobility Care Plan must correlate</p>

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



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