

Inspection Report

11 November 2021



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: Mrs Helen Jane Murphy Date registered: 1 April 2005
Person in charge at the time of inspection: Mrs Jean 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: 29
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 11 November 2021 from 9.45 am to 6.30 pm by two care inspectors.

The inspection assessed progress with all areas for improvement identified in the home 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.

Patients were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from patients and staff are included in the main body of this report.

Areas for improvement were identified in relation to control of substances hazardous to health (COSHH) regulations, infection prevention and control (IPC) and care records. Addressing the areas for improvement will further enhance the effectiveness of the services provided in Glenmachan Tower House.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

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 previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection patients, their relatives and staff were asked for their opinion on the quality of the care and their experience of living, visiting or working in this home. 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.

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.

At the end of the inspection the Registered Manager was provided with details of the findings.

4.0 What people told us about the service

We spoke with eight patients, both individually and in small groups and four staff. Patients said the staff were helpful and they felt well looked after but there could be more activities. Staff said that teamwork was very good and they felt supported.

We received four completed questionnaires following the inspection. All the respondents indicated that they were either satisfied or very satisfied with the services provided in Glenmachan Tower Hose. All comments made were passed to the manager for consideration and action as required

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 30 April 2021		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (7) Stated: First time	<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>	Not met
	<p>Action taken as confirmed during the inspection: This area for improvement was not met and will be stated for a second time.</p>	
Area for Improvement 2 Ref: Regulation 12 (1) (a) (b) Stated: First time	<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. 	Carried forward to the next inspection
	<p>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.</p>	
Area for Improvement 3 Ref: Regulation 13 (1) (a) (b) Stated: First time	<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>	Not met
	<p>Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was not met.</p>	

<p>Area for Improvement 4</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that records of prescribing and administration of thickening agents, including the recommended consistency level are maintained.</p> <p>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.</p>	<p>Carried forward to the next inspection</p>
<p>Area for Improvement 5</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>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.</p> <p>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.</p>	<p>Carried forward to the next inspection</p>
<p>Area for Improvement 6</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p>	<p>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.</p> <p>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.</p>	<p>Carried forward to the next inspection</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>		<p>Validation of compliance</p>
<p>Area for Improvement 1</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<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>Action taken as confirmed during the inspection: This area for improvement was met as stated.</p>	<p>Met</p>

Area for improvement 2 Ref: Standard 4 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was met.	

5.2.1 Staffing Arrangements

There was a robust system in place to ensure staff were recruited correctly to protect patients as far as possible. All staff were provided with an induction programme to prepare them for working with patients in the home, this also included agency staff.

The manager confirmed that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. The staff duty rota accurately reflected all of the staff working in the home on a daily basis and identified the person in charge when the manager was not on duty. Staff told us that they were satisfied with current staffing levels.

Staff received regular training in a range of topics, for example, manual handling and first aid. Review of training records evidenced that a number of staff had not completed mandatory training in subjects such as manual handling and adult safeguarding and Infection Prevention and Control (IPC). This was discussed with the manager who told us that staff were currently updating their e-learning and that face to face training had taken place or was booked. RQIA requested that the updated training matrix was to be submitted for review once upcoming dates were completed and within the agreed time scale.

Fire drills were also ongoing in the home however there was no system in place to identify staff that were still required to attend these sessions. This was discussed with the manager and an area for improvement was identified.

Staff said that teamwork was good and that they felt well supported in their role by the manager who was very supportive and approachable.

It was observed that there were enough staff on duty to respond to the needs of the patients in a timely way. Patients said that staffing levels were generally good and that staff were helpful.

There were suitable systems in place to ensure staff were recruited properly and also to ensure that patients' needs were met by the number and skill mix of the staff on duty.

5.2.2 Care Delivery and Record Keeping

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. This was good practice.

Patients who were less able to mobilise were assisted by staff to change their position regularly. A sample of records reviewed evidenced that care plans were in place to direct the care in the repositioning of the patient. Records were maintained of when the patient was assisted to reposition, however, the delivery of the care provided was not consistently recorded. This was discussed with the manager and an area for improvement identified.

If a patient had an accident or a fall, an accident report was completed. The circumstances of each fall were reviewed at the time in an attempt to identify precautions to minimise the risk of further falls. Patients' next of kin and the appropriate organisations were informed of all accidents. A review of records for two falls evidenced that the post falls observations were not consistently recorded. The management of falls was discussed with the manager who agreed to take advice from the falls prevention team in regard to the post falls protocol. An area for improvement was stated for a second time.

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. During the lunchtime meal the atmosphere was calm, relaxed and unhurried. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. Staff spoken with were aware of the patients' nutritional needs and provided assistance and support as needed.

Nutritional risk assessments were carried out monthly using the Malnutrition Universal Screening Tool (MUST) to monitor for weight loss and weight gain. Within one of the records reviewed the MUST score had not been calculated correctly for a patient who had lost weight from the previous months recording. This was discussed with the manager and an area for improvement was identified.

Staff communicated well with patients who had difficulty in making their wishes or feelings known. Staff responded promptly to patients' requests for assistance and were knowledgeable about their daily routines.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced patients' rooms were tastefully decorated and patients said they were happy with their rooms. Patients' rooms were personalised with items of memorabilia which was important to them. There was evidence of ongoing redecoration of bedrooms within the home and the manager told us there was more planned.

Some equipment, such as the underside of some commodes and shower chairs, was not effectively cleaned. This was discussed with the manager and an area for improvement was identified.

We also observed a tin of thickening agent accessible in a patient's bedroom and cleaning products accessible in a various areas of the home. This was discussed with the manager and an area for improvement was identified.

The fire risk assessment had been completed in the home on 9 June 2021 and an action plan had been developed. Written information received following the inspection confirmed that the relevant actions had been taken to address the deficits identified.

Hand hygiene facilities were available and PPE was provided to all visitors before proceeding further into the home. Visiting and care partner arrangements were in place in keeping with the current Department of Health guidance. While a number of staff were observed to carry out hand hygiene at appropriate times and to use PPE correctly; some staff did not. An area for improvement was therefore stated for a second time.

Measures were in place to manage the risk of Covid-19. There was signage at the entrance of the home reflecting the current best practice guidance and everyone entering the building had their temperature checked and a health declaration completed on arrival. Details of all visitors were maintained for track and trace purposes.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. They could stay in their bedrooms or in the communal lounges.

It was observed that staff offered choices to patients throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time.

Patients' needs were met through a range of individual and group activities, such as art, music activities and beauty days.

The manager explained the planned activities and we observed various pieces of patients art work in the home. One patient told us how they enjoyed making poppies for remembrance day. The manager told us that they were currently recruiting an activity therapist and we discussed alternative staffing arrangements to ensure activities were being provided. Activities will be further reviewed during the next inspection.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone calls. Visiting was in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There was no change of management since the last inspection. Mrs Helen Jean Murphy has been the Registered Manager in this home since 1 April 2005.

There was evidence of a system of auditing in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

Each service has an adult safeguarding champion appointed, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage any safeguarding.

Patients said that they knew how to report any concerns and said they were confident that their concerns would be addressed. Review of the home's record of complaints evidenced a robust system was in place for the management of complaints.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

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, to patients' next of kin, their care manager or RQIA if required.

The home was visited each month by a representative of the registered provider to consult with patients, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed and a copy was retained in the home to view.

6.0 Conclusion

Patients looked well cared for in that they were well dressed, clean and comfortable in their surroundings. Patients were seen to make choices throughout the day; from the care they received to how they spent their time. Staff were observed to be attentive to those patients who were unable to verbally express their needs.

Patients' privacy and dignity were maintained throughout the inspection and staff were observed to be polite and respectful to patients and each other.

Patients were observed to be happy in their surroundings and positive interactions with staff were observed. Staff and visitors were positive when discussing the service provided in Glenmachan Tower House

This service will be further enhanced with compliance in the areas of improvement identified.

7.0 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	7*	4

* the total number of areas for improvement includes two that have been stated for a second time and four which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Helen Jean Murphy, Registered 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 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: 5.1</p>
	<p>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.</p>
Area for Improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediately and ongoing	<p>The registered person shall ensure that records of prescribing and administration of thickening agents, including the recommended consistency level are maintained.</p> <p>Ref: 5.1</p>
	<p>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.</p>
Area for Improvement 3 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediately and ongoing	<p>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.</p>
	<p>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.</p>
Area for Improvement 4 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediately and ongoing	<p>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.</p> <p>Ref: 5.1</p>
	<p>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.</p>

<p>Area for improvement 5</p> <p>Ref: Regulation 13(7)</p> <p>Stated: Second time</p> <p>To be completed by: Immediately and ongoing</p>	<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: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: Staff meeting held to discuss use of PPE and remind staff that Coronavirus has not gone away.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 13 (1) (a) (b)</p> <p>Stated: Second time</p> <p>To be completed by: Immediately and ongoing</p>	<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: 5.1 and 5.2.2</p> <p>Response by registered person detailing the actions taken: Staff meeting held to reiterate to Nursing Staff that policies and protocols must be adhered to following unwitnessed falls. 24 hour CNS observations for 24 hours. Audit monthly</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>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.</p> <p>Ref:5.2.3</p> <p>Response by registered person detailing the actions taken: All staff reminded re thickening agents not to be within reach of residents and all have read the incident report re fatality due to a patient eating a thickening agent. Domestic/Caring/Nursing staff informed that cleaning chemicals must be placed in a safe place following use - under lock and key</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 48</p> <p>Stated: First time</p> <p>To be completed by: 1 January 2022</p>	<p>The registered person shall ensure there a matrix is maintained of staff who have attended fire drills within the home.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: A spreadsheet has been drawn up so it can be seen easily gaps in attendance at fire drills</p>

<p>Area for improvement 2</p> <p>Ref: Standard 23</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>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</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Nurses informed of their responsibilities. Senior Carers to check daily audit weekly.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>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.</p> <p>Ref:5.2.3</p> <p>Response by registered person detailing the actions taken: At Nurses meeting MUST tool discussed and how to calculate percentage of weight loss and to follow Care Planning as per MUST tool</p>
<p>Area for improvement 4</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure the shower chairs and commodes are effectively cleaned after each use.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Housekeeper, Cleaning Staff and Carers informed of the importance of cleaning under carriage of commodes after use.</p>

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