Unannounced Care Inspection Report
16 January 2017

Glenmachan Tower House

Type of Service: Nursing Home
Address: 13 Glenmachan Road, Belfast, BT4 2NN
Tel no: 028 9076 3441
Inspector: Dermot Walsh

1.0 Summary

An unannounced inspection of Glenmachan Tower House took place on 16 January 2017 from 09.20 to 16.45 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	5*

*The total number of recommendations includes three recommendations which have been stated for the second time.

Details of the Quality Improvement Plan (QIP) within this report were discussed with Helen Jane Murphy, registered 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 14 November 2016. Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Church of God Albert Alan Stephens	**Registered manager:** Helen Jane Murphy
Person in charge of the home at the time of inspection: Helen Jane Murphy	**Date manager registered:** 1 April 2005
Categories of care: NH-I, NH-PH, NH-PH(E), NH-TI	**Number of registered places:** 39

3.0 Methods/processes

Specific methods/processes used in this inspection include the following:

Prior to inspection we analysed the following information:
- notifiable events submitted to RQIA since the previous care inspection
- the registration status of the home
- written and verbal communication received by RQIA since the previous care inspection
- the previous care inspection report and the returned QIP
- pre inspection assessment audit

During the inspection we met with12 patients individually and others in small groups, three patient representatives, four care staff, two registered nurses and two ancillary staff members.

A poster indicating that the inspection was taking place was displayed on the front door of the home and invited visitors/relatives to speak with the inspector.

The following information was examined during the inspection:
- validation evidence linked to the previous QIP
- three patient care records
- staff training records
- minutes of staff meetings
- a recruitment file
- monthly monitoring reports in keeping with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005
- incidents / accidents records
- complaints records
- duty rotas for the period 9 to 22 January 2017
- a sample of auditing documentation

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 14 November 2016

The most recent inspection of the home was an unannounced medicines management inspection. There were no requirements or recommendations made at this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 28 June 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 **Ref:** Regulation 13 (7) **Stated:** First time	The registered person must ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.	**Met**
	Action taken as confirmed during the inspection: During a review of the environment, compliance with best practice on infection prevention and control (IPC) was observed to have been well managed. Isolated issues with IPC, identified during this inspection, were appropriately managed.	
Requirement 2 **Ref:** Regulation 19 (1)(a) **Stated:** First time	The registered person must ensure that the identified patient has a repositioning chart maintained to allow for monitoring of pressure area care.	**Met**
	Action taken as confirmed during the inspection: A repositioning chart had been commenced from the date of the last care inspection and was contemporaneously recorded.	
Last care inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref:** Standard 39 Criteria (9) **Stated:** Second time	It is recommended that the registered manager should ensure that competency assessments are maintained regarding urinary catheterisation, to ensure that the knowledge, skills and competence of registered nurses is up to date.	**Met**
	Action taken as confirmed during the inspection: Discussion with the registered manager and a review of training records evidenced that urinary catheterisation competency assessments had been completed.	

Recommendation 2 **Ref:** Standard 46 Criteria (2) **Stated:** Second time	The registered person should ensure that robust systems are in place to ensure compliance with best practice in infection prevention and control Particular attention should focus on the areas identified on inspection.	**Met**
	Action taken as confirmed during the inspection: Observation and discussion with the registered manager confirmed that a robust system had been implemented which achieved compliance with best practice in IPC.	
Recommendation 3 **Ref:** Standard 41 Criteria (8) **Stated:** Second time	The registered person should ensure staff meetings take place on a regular basis and at a minimum quarterly. Records are kept which include: • The date of all meetings • The names of those attending • Minutes of discussions • Any actions agreed • Timeframe for actions to be achieved	**Met**
	Action taken as confirmed during the inspection: Discussion with staff and a review of staff meeting minutes evidenced this recommendation had been met.	
Recommendation 4 **Ref:** Standard 39 **Stated:** First time	The registered person should ensure a system is in place to ensure mandatory training requirements are met in a timely manner.	**Partially Met**
	Action taken as confirmed during the inspection: Discussion with the registered manager and a review of training records evidenced that this recommendation had not been fully met and will be stated for the second time. See section 4.3.6 for further information.	

Recommendation 5 **Ref:** Standard 37 Criteria (4) **Stated:** First time	The registered person should ensure a system is in place to ensure bowel management records are accurately recorded in accordance with best practice and professional guidelines.	**Met**
	Action taken as confirmed during the inspection: A review of three patient care records evidenced that bowel management had been recorded appropriately.	
Recommendation 6 **Ref:** Standard 37 **Stated:** First time	The registered person should ensure that staff date and sign any record they create in accordance with best practice and professional guidance.	**Not Met**
	Action taken as confirmed during the inspection: A review of three patient care records identified shortfalls in the dating and signing of records created by staff specifically with regards to dating and/or signing daily evaluation records and repositioning charts. This recommendation has not been met and will be stated for the second time.	
Recommendation 7 **Ref:** Standard 4 Criteria (5) (6) (11) **Stated:** First time	The registered person should ensure that care records evidence patients' and/or their representatives' involvement in the assessment/planning process to meet patients' care needs. If this is not possible the reason should be clearly documented within the care record.	**Met**
	Action taken as confirmed during the inspection: There was evidence within the three patient care records reviewed of patient/representative involvement in the assessment and care planning process.	

Recommendation 8 **Ref:** Standard 35 Criteria (16) **Stated:** First time	The registered provider should review the systems in place to monitor, audit and review services provided to ensure that they are reflective of current professional guidance and legislation.	**Partially Met**
	Action taken as confirmed during the inspection: Discussion with the registered manager and a review of a selection of auditing documentation evidenced that finance, medications and care plans had been audited since the last care inspection. No further audits had been conducted. This recommendation has not been met and will be stated for the second time.	
Recommendation 9 **Ref:** Standard 17 **Stated:** First time	The registered person should ensure a system is in place to manage safety alerts and notifications.	**Met**
	Action taken as confirmed during the inspection: Review of records evidenced that a safe system was in place to manage safety alerts and notifications.	

4.3 Inspection findings

4.3.1 Staffing

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rotas from 9 to 22 January 2017 evidenced deficits in the planned staffing levels. Discussion with staff evidenced that they had concerns regarding staffing levels. Four staff consulted were off the opinion that there should be an additional care assistant employed on the morning shift to meet the dependency needs of patients. One relative questionnaire respondent indicated that 'staff appear overstretched'. This was discussed with the registered manager and a recommendation was made to review the current staffing levels in line with the assessed needs of the patients.

Areas for improvement

It is recommended that the registered person reviews the current staffing levels in line with the assessed needs of the patients.

Number of requirements	0	**Number of recommendations**	1

4.3.2 Care Practices

A review of patient care and accident records evidenced that an unwitnessed fall had occurred. Records did not indicate that central nervous system (CNS) observations had been taken immediately following the incident and monitored in line with best practice guidelines. In addition, records did not indicate if medical advice had been sought following the fall. This was discussed with the registered manager and a requirement was made to ensure post falls management was conducted in compliance with best practice guidance.

Areas for improvement

It is required that post falls management is conducted in compliance with best practice guidance.

Number of requirements	1	**Number of recommendations**	0

4.3.3 Care Records

During a review of patients care records it was observed that a patient 'A' admitted recently had risk assessments completed in a timely manner, although, did not have any care plans established to direct staff in the delivery of required care for 10 days post admission. This was discussed with the registered manager and a requirement was made.

A completed Braden risk assessment in Patient 'B's' care records indicated that the patient was at a high risk of developing pressure damage. A care plan was in place to direct care. However, the care plan did not indicate a frequency of which the patient should be repositioned. The frequency of repositioning was also not evident on the repositioning chart. Gaps of up to six hours between repositioning were evident on the repositioning chart. Furthermore, there was no evidence of any actions taken by registered nurses in the patients' daily evaluation records in regard to their response to recent pressure damage that had been identified within the repositioning records. This was discussed with the registered manager and a requirement was made.

Areas for improvement

It is required that patients' care plans were developed following identification of assessed needs; reviewed regularly and updated accordingly to meet the current needs of patients.

It is required that patients care plans give clear direction in terms of frequency of repositioning and that these directions are followed. Actions taken in response to any skin deterioration observed on repositioning should be clearly indicated within the patients' care records.

Number of requirements	2	**Number of recommendations**	0

4.3.4 Consultation

Two registered nurses, four carers and two ancillary staff members were consulted to ascertain their views of life in Glenmachan. Staff consulted confirmed that when they raised a concern, they were happy that the home's management would take their concerns seriously.

Some staff comments were as follows:
“I like it here. I love the home.”
“It’s very busy here.”
“It’s busy but the residents are well looked after.”
“Can be very stressful at times.”
“This is a lovely place to work.”
“The work is very stressful when we are busy.”

Nine staff questionnaires were left in the home to facilitate feedback from staff not on duty on the day of inspection. None of the questionnaires were returned within the timescale for inclusion in the report.

Twelve patients were consulted and the patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Some patient comments were as follows:
“I am very comfortable and very happy here.”
“I find it quite alright here. I have no complaints.”
“It’s great here. Anything you want you get.”
“It is generally very good here.”
“It’s a great home.”

Nine patient questionnaires were left in the home for completion. No patient questionnaires were returned within the timeframe.

Three patient representatives were consulted with on the day of inspection. Seven relative questionnaires were left in the home for completion. Six relative questionnaires were returned. All respondents indicated that they were satisfied or very satisfied with the care provided in the home.

Some relatives comments were as follows:
“It is a great home. My … has flourished since coming here.”
“The care here is very good.”
“We are always made to feel welcome here.”

Areas for improvement

There were no areas of improvement identified on inspection.

Number of requirements	0	**Number of recommendations**	0

4.3.5 Environment

A review of the home’s environment was undertaken which included a random sample of bedrooms, bathrooms, shower and toilet facilities, sluice rooms, laundry, storage rooms and communal areas. In general, the areas reviewed were found to be clean, reasonably tidy, well decorated and the home was warm throughout. The majority of patients’ bedrooms were personalised with photographs, pictures and personal items. Fire exits and corridors were maintained clear from clutter and obstruction. The home was generally compliant with IPC measures. Issues with IPC were managed immediately when identified to the registered manager/nursing staff. However, damage was observed to shelving in an identified bathroom and to a sink surround and flooring within an ensuite toilet. This was discussed with the registered manager and an assurance was given that the areas identified would be repaired/replaced accordingly. A recommendation was made.

Observations identified two separate areas where patients would have had access to harmful chemicals. This was discussed with the registered manager and before the conclusion of the inspection RQIA were satisfied that the potential risks identified had been removed. However a requirement was made to ensure Control of Substances Harmful to Health (COSHH) regulations were adhered too.

Areas for improvement

It is recommended that the areas identified on inspection are repaired/replaced as appropriate.

It is required that Control of Substances Harmful to Health (COSHH) regulations are adhered too.

Number of requirements	1	Number of recommendations	1

4.3.6 Staff Training

Discussion with staff, the registered manager and a review of training records confirmed that the majority of staff were compliant with moving and handling and fire safety training. However, shortfalls in compliance with other mandatory training were evident. For example, only six staff had received training on COSHH. A recommendation made in the previous inspection in regard to timely completion of mandatory training has been stated for a second time.

Areas for improvement

There were no further areas of improvement identified on inspection.

Number of requirements	0	Number of recommendations	0

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Helen Jane Murphy, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP via web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 **Ref:** Regulation 12 (1) (a) (b) **Stated:** First time **To be completed by:** 17 January 2017	The registered person must ensure good practice guidance is adhered to with regard to post falls management. **Ref: Section 4.3.2**
	Response by registered provider detailing the actions taken: Post falls Management Policy updated. To include taking CNS observations following an unwitnessed fall and these observations to be monitored regularly for 24 hours - observation sheet has been drawn up with instructions on the frequency of observations following the fall. A separate policy has been drawn up for the Post Falls management of patients on Warfarin Therapy who are at a greater risk of haemorrhaging and staff made aware that GP should always be informed if a patient on Warfarin has fallen - this includes out of hours periods. Records indicate these procedures.
Requirement 2 **Ref:** Regulation 16 (1) (2)(a)(b) **Stated:** First time **To be completed by:** 23 January 2017	The registered person must ensure that patients' care plans are developed following identification of assessed needs; reviewed regularly and updated accordingly to meet the current needs of patients. **Ref: Section 4.3.3**
	Response by registered provider detailing the actions taken: All new patients have Care Plans drawn up in a timely manner within 5 days of admission. Nursing Staff made aware that all Care Plans must be reviewed regularly and updated to meet current needs if any changes in condition to care.
Requirement 3 **Ref:** Regulation 13 (1)(a)(b) **Stated:** First time **To be completed by:** 17 January 2017	The registered person must ensure that patients care plans give clear direction in terms of frequency of repositioning and that these directions are followed. Actions taken in response to any skin deterioration observed on repositioning should be clearly indicated within the patients' care records. **Ref: Section 4.3.3**
	Response by registered provider detailing the actions taken: All Care Plans now indicate the frequency of repositioning. Nursing staff made aware that any skin deterioration noted on Repositioning Charts must be indicated in the Care Records and actions to be taken.

Requirement 4 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** 17 January 2017	The registered person must ensure that all chemicals are securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health. **Ref: Section 4.3.5**
	Response by registered provider detailing the actions taken: Areas identified on inspection have been repaired or replaced as appropriate. Medical room now has a key pad and is always locked. Cleaning cupboard also has a key pad and is locked at all times. Control of Substances harmful to Health Regulations are adhered to.
Recommendations	
Recommendation 1 **Ref:** Standard 39 **Stated:** Second time **To be completed by:** 28 February 2017	The registered person should ensure a system is in place to ensure mandatory training requirements are met in a timely manner. **Ref: Section: 4.2, 4.3.6**
	Response by registered provider detailing the actions taken: On-line training is now up and running to ensure Mandatory Training Requirements are met.
Recommendation 2 **Ref:** Standard 37 **Stated:** Second time **To be completed by:** 1 February 2017	The registered person should ensure that staff date and sign any record they create in accordance with best practice and professional guidance. **Ref: Section 4.2**
	Response by registered provider detailing the actions taken: Staff educated on the importance of accurate documentation and of signing any records they create.
Recommendation 3 **Ref:** Standard 35 Criteria (16) **Stated:** Second time **To be completed by:** 28 February 2017	The registered provider should review the systems in place to monitor, audit and review services provided to ensure that they are reflective of current professional guidance and legislation. **Ref: Section 4.2**
	Response by registered provider detailing the actions taken: The Registered Manager has reviewed, with assistance from the Registered Provider, the systems in place to monitor, audit and review services.

Recommendation 4 **Ref:** Standard 41 **Stated:** First time **To be completed by:** 1 February 2017	The registered person should ensure that the staffing arrangements in the home are determined by the current patient dependency levels. **Ref: Section 4.3**
	Response by registered provider detailing the actions taken: The Registered Manager has discussed staffing levels in the Home taking into account patient dependency levels.
Recommendation 5 **Ref:** Standard 44 Criteria (1) **Stated:** First time **To be completed by:** 28 February 2017	The registered person should ensure that the areas identified on inspection are repaired/replaced as appropriate. **Ref: Section 4.3.5**
	Response by registered provider detailing the actions taken: All areas identified in inspection have been repaired or replaced as appropriate.

Please ensure this document is completed in full and returned via portal

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