

Inspection Report

31 May 2023



Glenmachan Tower House

Type of service: Nursing Home

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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 Kathleen Chambers– not registered
Person in charge at the time of inspection: Mrs Kathleen Chambers	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: 28
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 39 persons. 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 31 May 2023 from 10.00 am to 5.00pm by a care inspector.

Prior to the inspection RQIA received information from the Belfast Health and Social Care Trust (BHSCT) with regard to care provision and managerial oversight. In response to this information RQIA decided to undertake a care inspection to assess progress with all areas for improvement identified since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Of the five areas for improvement identified at the previous inspection, three were met, and two have been carried forward for review at a future inspection.

As a result of this inspection, nine new areas for improvement were identified and are included in the Quality Improvement Plan, please see Section 6.

Addressing the areas for improvement will further enhance the quality of care and services 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 the 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 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 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.

4.0 What people told us about the service

A number of patients spoke positively about the care and with the services provided to them in Glenmachan Tower House. Patients described the staff as "very good" and "they are good to me". Patients also told us, "I'm well looked after", "plenty of food"; however, some reported that call bells were not answered in a timely manner. Patients who were less able to tell us about how they found life in the home were seen to be relaxed in their surroundings.

Staff consulted during the inspection were positive in their views of working in the home.

Relatives told us they generally happy with the care provided, however commented that they felt there was a lack of activities provided in the home.

Comments made by patients, staff and relatives were shared with the manager for review and action as appropriate.

Three questionnaire responses were received from relatives and indicated a high level of satisfaction with care and services provided in the home. Comments made were shared with the manager for review and action as appropriate. There were no responses received to the staff online survey within the allocated timeframe.

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 02 November 2022		
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 records of prescribing and administration of thickening agents, including the recommended consistency level are maintained.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met	
Area for improvement 2 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 3 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 4 Ref: Regulation 29 Stated: First time To be completed by: Immediately and ongoing	The registered person shall ensure that a copy of monthly quality monitoring reports is held within the home and are made available for the inspector to view on request. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met and this is further discussed in 5.2.5.	Met
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 46 Stated: First time	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. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met

5.2.1 Staffing Arrangements

The staff duty rota accurately reflected the staff working in the home on a daily basis and identified the person in charge when the manager was not on duty. On occasions shifts were covered where possible with agency staff. The manager told us that agency staff received an induction to the home; however, a record of these completed inductions was not available. We discussed the importance of maintaining these records with the manager; an area for improvement was identified.

During the inspection observations confirmed that staff responded to patients' requests for assistance in a timely manner. We discussed with the manager how the planned staffing levels were identified. Whilst they advised that patients' dependencies were reviewed at least monthly, the records were not available to review, to evidence how these were used to determine staffing levels; an area for improvement was identified.

Staff reported they were generally happy with the staffing levels, although some staff advised that in their opinion increased staffing would be helpful in attending to patients' needs due to the layout of the home. We reviewed how staff were deployed and noted that the layout of the home required robust allocation of staff to ensure adequate supervision of patients. Whilst no issues with staffing were identified during the inspection, the deployment of staff was discussed with the manager for review and action as appropriate.

Review of records provided assurances that a system was in place to ensure all relevant staff were registered with the Nursing and Midwifery Council (NMC). There was also a system in place to monitor registration status of care staff with the Northern Ireland Social Care Council (NISCC).

Staff should have the opportunity to attend supervision and appraisal sessions to review their role and enhance their professional development. A review of records provided assurance that a system was in place to ensure staff had regular supervision sessions and where minimal gaps were identified, this was discussed with the manager who confirmed they were aware of the gaps and would review and action as appropriate. The manager confirmed that an appraisal plan had been developed and would commence in July 2023; progress with this will be reviewed at a future inspection.

There were systems in place to ensure staff were trained and supported to do their job; this is discussed further in section 5.2.2. The manager confirmed that training compliance was kept under review to ensure ongoing staff compliance.

Discussion with the manager confirmed that no records were available to evidence competency in the administration of medicines. Following the inspection this was discussed with a pharmacy inspector; an area for improvement was identified.

5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff demonstrated their knowledge of individual patients' needs and preferred daily routines.

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. Care plans included any advice or recommendations made by other healthcare professionals.

A review of records and discussion with management confirmed that the home is in the process of reviewing and updating the care plan records. During the transition phase there were inconsistencies with the reviewing of records and a risk that records were not being reviewed as required. A clear, time-bound management plan for the transferring and updating of records is required; this was identified as an area for improvement.

Patients who were less able to mobilise were assisted by staff to change their position regularly. Records were maintained of when the patient was assisted to reposition however not all entries were signed by the staff delivering the care. This was discussed with the manager for immediate action; an area for improvement was identified.

Patients had the choice of where to spend their day; some patients preferred to rest comfortably in their bedrooms whilst some chose to spend time in the communal lounges. Staff were observed supporting patients with their choices. Patients appeared well cared for and were seen to be content and settled in their surroundings and in their interactions with staff.

Staff were observed to be prompt in recognising patients' needs, early signs of distress and also non-verbal cues especially in those patients who had difficulty in making their wishes known. Some patients were availing of one to one support from staff and discussion confirmed that staff were aware of the patient's needs.

Patients' needs determine that they may require a range of support with eating and drinking; this may include simple encouragement through to full assistance from staff. Meals served in the dining room was an opportunity for patients to socialise and the atmosphere was supportive and paced appropriately for the level of need. The food served was attractively presented, smelled appetising and a variety of drinks were served with the meal. A menu was available to inform patients of the meal and choice available, and patients spoke positively in relation to the quality of the meals provided.

Staff attended to patients' dining needs in a caring and compassionate manner and where required, staff engaged with patients' on a one to one basis to assist them with their meal; however, observation of one patient identified inconsistencies in the level of supervision provided by staff with the level of supervision recorded in the patients care record. This was discussed with the manager who agreed to follow up; an area for improvement was identified.

The manager confirmed that training sessions pertaining to specialist areas, for example dysphagia /modified diets had been provided by the speech and language (SALT) department from the Belfast Health and Social Care Trust (BHSC) and further training was due to be undertaken by staff.

Some patients preferred to have their meal in their own room and this was readily accommodated with support provided as required. Staff confirmed how they were made aware of patients who required a modified diet and observation established that patients received their meals as prescribed.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that, in general, the home was clean and tidy. Patients said they were happy with their bedrooms and that they were satisfied that the home was kept clean and tidy.

Patients' bedrooms were found to be personalised with items important to them reflecting their individuality.

A number of matters relating specifically to the maintenance of furniture were identified, for example, surface damage was evident to an identified bedrooms' furniture and some communal furniture was in need of replacing. This was brought to the manager's attention for review and action as appropriate; an area for improvement was identified.

Observation identified inappropriate storage of an oxygen cylinder; this was discussed with the manager for immediate review; an area for improvement was identified.

Corridors and fire exits were found to be free of obstruction.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

5.2.4 Quality of Life for Patients

Discussion with patients confirmed that they were able to choose how they spent their day. Some patients said they preferred to spend time in their room however, would attend the dining room for meals.

Discussion with patients', staff and relatives reported a lack of activities and meaningful things to do. The provision of activities rests with care staff at present as there was no activity co-ordinator in post. Staff said that they generally have limited opportunities to assist patients with meaningful activities as the majority of their time is devoted to ensuring care needs are met. The manager advised us that they are actively recruiting for activity staff; however, confirmed external activities were provided, for example, a hairdresser attended on a regular basis and music sessions were provided; patients commented how much they enjoyed getting their hair done.

Discussion with the manger confirmed that church services were available for patients to attend. Given the comments made by patients, staff and relatives, an area for improvement was identified in relation to activity provision.

Discussion with the manager and review of records confirmed that patients were encouraged to participate in meetings and meetings were planned for relatives during June 2023.

Visiting arrangements were in place with positive benefits to the physical and mental well-being of patients.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection, Mrs Kathleen Chambers has been the Acting Manager since December 2022.

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

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 patients' next of kin, their care manager and to RQIA.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients.

The home was visited each month by the responsible individual 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 were available for review, however, the action plan should be further developed to evidence a meaningful review of any identified actions, this will be followed up at a future inspection.

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/or the Care Standards for Nursing Homes (April 2015)**

	Regulations	Standards
Total number of Areas for Improvement	5*	6

* the total number of areas for improvement includes two which have been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Kathleen Chambers, 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: Immediate 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. 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:	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:

Immediate and ongoing	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 20(1)(a) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that there is a robust system in place to clearly identify the number of staff required to meet the needs of the patients. Ref 5.2.1 Response by registered person detailing the actions taken: Rhys Hearn tool module is used to calculate the Dependency levels of Residents to staffing Levels within Glenmachan Tower House. I have calculated the number of staff that is required to meet the needs of the residents. With dependencies being calculated on a daily basis, the duty roster highlights the number of staff needed for each shift. Fire list is updated regularly with ratio of Low-High. Audited monthly to allow enough staff to be working at anyone time for the safety of residents and staff.
Area for improvement 4 Ref: Regulation 20 (1) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that staff receive training and competency assessment on the management of medicines, with records retained. Ref: 5.2.1 Response by registered person detailing the actions taken: Medication competencies has been completed on 25.06.23 with all Staff Nurses and Manager. This has been added to training matrix and a copy held in each Staff Nurse personal file
Area for improvement 5 Ref: Regulation 13(1)(b) Stated: First time To be completed by: With immediate effect	The registered person must ensure that patients are supervised at mealtimes in accordance with their assessed need. Ref 5.2.2 Response by registered person detailing the actions taken: Careplans, Handover sheets, Tea time choices all completed with IDDSI levels and SALT guidance. All staff have completed Modified diets, IDDSI Levels and thickening training through June/July with full attendance. Residents careplans have been updated with latest information. Manager monitoring through ongoing supervisions and supervising meal times for residents. Careplan auditing completed monthly.
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)	

<p>Area for improvement 1</p> <p>Ref: Standard 39.1</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure orientation and induction records are retained for all agency staff.</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Agency staff receive full induction and orientation coming on duty. Agency file is in place with records kept of all inductions at the nurses station. All agency staff receive updated handover sheet as well as full report coming on duty.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 37</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that a clear, time bound management plan for the transferring of care record information from the existing records to the updated record system is developed.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All careplans have been updated and are being monitored and audited monthly by the Manager. Careplan on line training has been completed 30.06.23 with 100% by all staff nurses</p>
<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all entries on the repositioning charts are signed by the staff delivering the care</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All Residents repositioning charts are signed by the staff delivering care and checked daily by the Senior Carer on duty. If two staff repositioning it is two signatures on all the charts. This is followed by a monthly audit completed by the Manager</p>
<p>Area for improvement 4</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by:</p>	<p>The registered person shall ensure that the furniture in the identified bedroom and the Identified chair in the communal lounge are repaired or replaced.</p> <p>Ref: 5.2.3</p>

With immediate effect	<p>Response by registered person detailing the actions taken:</p> <p>Identified chair has been removed from communal lounge and disposed of. Bedrooms are being refurbished and furniture replaced or repaired as needed. This is audited through a weekly walk around audit by the Manager and Housekeeper and Environmental audit is completed every month</p>
<p>Area for improvement 5</p> <p>Ref: Standard 30.1</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that oxygen cylinders are stored in a safe and secure manner at all times.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Oxygen cylinders are stored securely in the Treatment room. Mobile oxygen cylinder is chained to wall and accessible by key from Nurse in charge. All empty cylinder stored in a locked, secure room until collected by BOC.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 11</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure there are activities delivered regularly to provide structure and meaning to the patients' day.</p> <p>Ref: 5.2.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A new Activity Therapist has taken up post on 12th June 2023, 36 hrs per week. Activities are now taking place within the home and an Activity file is in place to support residents who take part in activities.</p>

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