



Unannounced Enforcement Compliance Inspection Report 6 August 2018



Glenmachan Tower House

Type of Service: Nursing Home (NH)
Address: 13 Glenmachan Road, Belfast, BT4 2NL
Tel No: 028 9076 3441
Inspector: Kieran McCormick

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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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 39 persons.

3.0 Service details

Organisation/Registered Provider: Church of God – Glenmachan Responsible Individual(s): Albert Alan Stephens	Registered Manager: Helen Jane Murphy
Person in charge at the time of inspection: Helen Jane Murphy – registered manager	Date manager registered: 1 April 2005
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 registered places: 39 comprising NH I, PH, PH(E) and TI

4.0 Inspection summary

An unannounced inspection took place on 6 August 2018 from 10.40 to 11.30 hours.

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 Care Standards for Nursing Homes 2015.

The inspection sought to assess the level of compliance achieved in relation to a Failure to Comply (FTC) Notice. The areas identified for improvement and compliance with the regulation were in relation to wound care management. The date of compliance with the notice was extended to the 4 August 2018.

The following FTC Notice was issued by RQIA:

FTC ref: FTC000002 issued on 4 May 2018.

Evidence was available to validate compliance with the Failure to Comply Notice.

The findings of this report will provide Glenmachan Tower House 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	0	0

This inspection resulted in no areas for improvement being identified.

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
- the failure to comply notice.

The following records/discussions were examined/conducted during the inspection:

- discussion with a registered nurse on duty and with the registered manager
- a review of training records.

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

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 the most recent inspection dated 4 July 2018

The most recent inspection of the home was an unannounced enforcement compliance inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 25 April 2018

This inspection focused solely on the actions contained within the failure to comply notice issued on 4 May 2018. The areas for improvement from the last care inspection on 25 April 2018 were not reviewed as part of the inspection and are carried forward to the next care inspection. The QIP in section 7.0 reflects the carried forward areas for improvement.

6.3 Inspection findings

FTC Ref: FTC000002

Notice of failure to comply with Regulation 12 (1)(a) and (b) of The Nursing Homes Regulations (Northern Ireland) 2005

The registered person shall provide treatment, and other services to patients in accordance with the statement of purpose, and shall ensure that the treatment and other services provided to each patient –

- (a) meets his individual needs*
- (b) reflects current best practice*

In relation to this notice the following six actions were required to comply with this regulation:

- The registered person must ensure all patients with wounds and/or pressure damage have up to date care plans in place to direct staff in the provision of wound care.
- The registered person must ensure that an accurate record is maintained in relation to the number, type and status of wounds in the home.
- Individual patient records must reflect the wound care recommendations of the multi professional team.
- The registered person must ensure that all pressure relieving equipment used is appropriately set to meet the needs of each individual patient.
- The registered person must ensure that staff are provided with training relevant to their role and responsibilities in relation to; the management of wounds, prevention of pressure damage, the management of pressure relieving equipment and record keeping.
- The registered person must ensure sufficiently robust audit and governance systems are in place to quality assure the delivery of wound care.

A review of the care records for four patients with wounds at the last compliance inspection on the 4 July 2018 confirmed that care plans had been established and maintained to meet their assessed wound care needs. Analysis of these patients' wound care plans demonstrated that they contained sufficient detail to direct staff in the provision of wound care to the patient. It was further observed that all supplementary wound care records for these patients were also consistent with their corresponding wound care plans. Details regarding the type and status of patients' wounds were maintained. Individual patient records reflected the recommendations prescribed from visiting professionals such as the podiatrist or the tissue viability nurse (TVN). Pressure relieving equipment was observed to be appropriately used in accordance with individual patient's plan of care and assessed need. A review of governance records relating to wound care management further evidenced that an established auditing system was in place which was completed by the registered manager. Action plans were in place to address any deficits identified within this audit.

Following the most recent compliance inspection on the 4 August 2018 the inspector was informed and reviewed certificate evidence that registered nursing staff had completed training relevant to their role and responsibilities in relation to the management of wounds, prevention of pressure damage and record keeping. One registered nurse on duty confirmed that he had completed training relevant to the above and he understood the management of wound care process. He advised that care staff were appropriately reporting any concerns to registered

nurses regarding patients' skin. The registered manager informed the inspector that training specific to the management of pressure relieving equipment was scheduled to be delivered by the clinical nurse facilitator from the Belfast Health and Social Care Trust on the 16 August 2018.

Evidence was therefore confirmed as available to validate compliance with the Failure to Comply Notice.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Number of areas for improvement	0	0

6.4 Conclusion

Evidence was available to validate compliance with the Failure to Comply Notice.

7.0 Quality improvement plan

There were no new areas for improvement identified during this inspection. The attached QIP contains the areas for improvement carried forward from the last care inspection on 25 April 2018. This inspection focused solely on the actions contained within the Failure to Comply Notice issued on 4 May 2018.

The registered provider has confirmed that actions have been completed to address the areas for improvement identified during the last care inspection and has returned 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: Second time To be completed by: Immediate action required	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are addressed in accordance with best practice guidance.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 2 Ref: Regulation 16 (1) Stated: First time To be completed by: Immediate action required	<p>The registered persons must ensure that individualised, patient care plans based upon the pre admission assessment are available from day one of an admission. The care plans should be further developed and enhanced in the following five days post admission.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 3 Ref: Regulation 12 (1) (a)(b) Stated: First time To be completed by: Immediate action required	<p>The registered persons must ensure the following in relation to patients receiving wound care:</p> <ul style="list-style-type: none"> • all patient care plans accurately reflect the prescribed care and treatment which should be delivered in compliance with recommendations made by the multiprofessional care team • the delivery of care complies with the recommendations of the multiprofessional team and relevant care plans at all times • any decision by nursing staff to deviate from such recommendations must be documented and demonstrate evidence based rationale. <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
Area for improvement 4 Ref: Regulation 12 (2) (a)(b) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that patients care records accurately reflect the type of pressure relieving mattress required and the prescribed setting for individual patients. Governance arrangements should be established to ensure ongoing compliance with the prescribed settings.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

<p>Area for improvement 5</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that the existing management arrangements are reviewed and that the hours worked by the registered manager are sufficient to ensure the smooth running and wider governance needs of the home.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that prescribed medicines are securely stored at all times in the home.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 7</p> <p>Ref: Regulation 18 (2)(n)(i)(ii)</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2018</p>	<p>The registered person shall review the programme of activities in the home to ensure meaningful activities are offered to patients and records of same are appropriately maintained.</p> <p>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 5</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that 'net pants, tights, socks and stockings' are not used communally but individually labelled for any patient requiring their use.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person must ensure that a minimum skill mix of at least 35% registered nurses and up to 65% care assistants is maintained over 24 hours to meet the dependency and assessed need of all patients in the home.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that patients care records must only contain the current and live assessment/plan of care for the identified area of need.</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
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