

Unannounced Care Inspection Report

28 February 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

www.rgia.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.

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: Dr Albert Alan Stephens	Registered Manager: Helen Jane Murphy
Person in charge at the time of inspection: Olivia Turner – Registered Nurse	Date manager registered: 01 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 28 February 2018 from 09.50 to 17.20 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 DHSSPS Care Standards for Nursing Homes 2015.

The inspection assessed progress with any 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.

Evidence of good practice was found in relation to staff appraisals, adult safeguarding and staff knowledge, skills and experience relevant to their individual roles, risk assessing and care planning, teamwork, communication between residents, staff and other key stakeholders and attention to the religious and spiritual needs of patients.

Areas requiring improvement, under the regulations, were identified in relation to staff recruitment, adherence with registered categories of care, infection prevent and control (IPC), the home's environment, staffing resources/deployment and assessment of the competency and capability for nurse in charge in the absence of the registered manager.

Areas for improvement, under the standards, were identified in relation to the completion of supplementary care records, maintaining confidential patient information, monitoring of NMC and NISCC registrations, management of laundered 'net pants', staff induction, the home's environment, provision of activities and the meal time experience.

Patients described living in the home in positive terms, including the following comment:

“the staff are great to me. I have no concerns.”

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

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	6	*9

*The total number of areas for improvement include three which have been stated for a second time and which have been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Dr Albert Alan Stephens, Responsible Person and Jacqui Wilson, Admin Assistant 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.

As a consequence of the findings of this inspection the registered persons were invited to attend a meeting in RQIA, to discuss the findings of the inspection, and to provide RQIA with an action plan which will address the areas of improvement identified.

4.2 Action/enforcement taken following the most recent inspection dated 18 January 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 18 January 2018. Other than those actions detailed in the QIP no further actions were required to be taken. 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 which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing

- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit

During the inspection the inspector met with six patients individually and with others in small groups, eight staff, one visiting professional and one patient's visitor/representative. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA via an online survey.

A poster informing visitors to the home that an inspection was being conducted was displayed.

The following records were examined during the inspection:

- duty rota for all staff from 29 January to 18 March 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- incident and accident records
- two staff recruitment and induction file
- staff appraisal planner
- recent quarterly staff meetings recorded for 29 January and 1 February 2018.
- recent patient and relative meetings record for 25 January 2018
- two patient care records
- supplementary patient care records
- a selection of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the responsible person at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 18 January 2018

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 7 June 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: Second time	The registered person shall 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.	Met
	Action taken as confirmed during the inspection: A review of patient's records evidenced that care plans give direction in terms of frequency of repositioning. No concerns were identified during the inspection in relation to the deterioration of patients' skin.	
Area for improvement 2 Ref: Regulation 14 (2) (a) (c) Stated: Second time	The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation, to ensure that patients are protected from hazards to their health.	Met
	Action taken as confirmed during the inspection: A review of the environment evidenced that chemicals were stored in keeping with COSHH regulations.	
Area for improvement 3 Ref: Regulation 13 (7) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Infection prevention and control issues identified during the last inspection have been evidenced as addressed.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 41 Stated: Second time	The registered person shall ensure that the staffing arrangements in the home are determined by the current patient dependency levels.	Met
	Action taken as confirmed during the inspection: A review of the duty rota for weeks commencing 29 January to 18 March 2018 evidenced that staffing levels are determined based upon the needs of the patients. There was some occurrence of short notice absence which was covered as far as possible.	
Area for improvement 2 Ref: Standard 39 Criteria (1) Stated: First time	The registered person shall ensure that all staff newly appointed to the home, including agency staff, complete a structured orientation/induction appropriate to their role and records are maintained.	Not met
	Action taken as confirmed during the inspection: A review of two staff files did not provide evidence or assurance that a structured orientation/induction had been completed in both cases. This area for improvement has not been met and has been stated for a second time.	
Area for improvement 3 Ref: Standard 44 Criteria (1) Stated: First time	The registered person shall ensure that the malodour in the identified room is managed effectively.	Met
	Action taken as confirmed during the inspection: No malodours were identified during the course of the inspection.	

Area for improvement 4 Ref: Standard 6 Criteria (1) Stated: First time	The registered person shall ensure that locking mechanisms are in place on doors leading to areas where personal care may be delivered.	Not met
	Action taken as confirmed during the inspection: Two identified communal bathrooms did not have locking mechanisms in place. This area for improvement has not been met and has been stated for a second time.	
Area for improvement 5 Ref: Standard 41 Criteria (8) Stated: First time	The registered person shall ensure that staff meetings take place on a regular basis for all staff to attend and at a minimum quarterly.	Met
	Action taken as confirmed during the inspection: A review of records evidenced that staff meetings are maintained at least quarterly as required.	
Area for improvement 6 Ref: Standard 11 Criteria (1) Stated: First time	The registered person shall review the programme of activities in the home to ensure meaningful activities are offered to patients.	Not met
	Action taken as confirmed during the inspection: During the course of the inspection the inspector did not observe any meaningful activities taking place. Patients and staff reported concerns regarding a lack of activities. The last recorded patient activity record was 16 February 2018. This area for improvement has not been met and has been stated for a second time.	
Area for improvement 7 Ref: Standard 7 Stated: First time	The registered person shall ensure that the complaints procedure developed in the home is in accordance with legislation and DHSSPS guidance on complaints.	Met
	Action taken as confirmed during the inspection: A review of the complaints procedure evidenced that it is maintained in keeping with the DHSSPS guidance on complaints.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The nurse in charge and staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home's policies and procedures. RQIA were notified appropriately. Where any shortcomings were identified, safeguards were put in place. Staff clearly demonstrated the knowledge, skill and experience necessary to fulfil their role, function and responsibility.

The nurse in charge confirmed the planned daily staffing levels as established by the registered manager. A review of the staffing rota for weeks commencing 29 January to 18 March 2018 evidenced that the planned staffing levels were not adhered to. The registered manager should be mindful of the need to review the staffing requirements of the home on a daily/weekly basis. On the day of inspection the inspector was advised that the home was experiencing some short notice absence in respect of an agency registered nurse. One registered nurse had come in to support their colleague but then had to leave the home at 11.30. After this time there was one registered nurse in the home for the 35 patients accommodated. This staffing level was considered exceptional. We appreciate that when an unannounced inspection is taking place, that this places the registered nurse in charge and the care team under additional pressure. Despite the short staffing situation the care delivery to the patients was well maintained. The morning routines continued as usual and all patients received care in a timely fashion. We are advised that the home is currently recruiting for staff and that in the interim period agency staff are being deployed.

A review of the staff duty rota demonstrated inconsistencies in the provision of care staff, with variations of between five and eight on any given day. We were advised there was no clear rationale for such variation. Without a clear rationale for the day to day variation, this is likely to lead to confusion and unrest amongst staff especially from those who are working in what they perceive to be a short staffed situation. The registered manager should review the staffing provision to ensure consistency on a day to day basis. A review of the December 2017 monthly monitoring visit maintained in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005, highlighted concerns recorded by staff in relation to staffing in the home.

Residents who met with the inspector expressed concerns regarding the staffing levels in the home. One patient stated that "staff were stressed and very busy". Concerns identified were discussed with the responsible person and the registered manager at a meeting in RQIA post inspection. An area for improvement, under the regulations, was made.

A review of personnel files for two staff currently working in the home evidenced that not all recruitment information was available for inspection, this included relevant references prior to commencement of employment. Records had not been maintained in accordance with

Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005. An area for improvement, under the regulations, was made.

Discussion with staff and a review two staff personnel records did not provide sufficient evidence that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment. An area for improvement has been stated for a second time.

A record for the planning and completion of staff appraisals was reviewed; this evidenced that staff appraisal was ongoing.

Discussion with the admin assistant and a review of records evidenced that robust arrangements were not in place for monitoring the registration status of nursing and care staff in accordance with the Nursing and Midwifery Council (NMC) and Northern Ireland Social Care Council (NISCC). In the case of NISCC registrations: it was identified that three care staff had either lapsed registration for a prolonged period or no application for registration with NISCC had been completed. An area for improvement, under the standards, was made. In regards to NMC registration the inspector was unable to validate that regular checks on the registration status of the registered nursing team were being maintained. The inspector required an immediate check to be made against the NMC register, during the inspection, for all registered nurses employed. This was completed and no lapsed registrations of registered nurses were identified.

The home was found to be warm, well decorated, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. The inspector observed a number of wardrobes in patients' bedrooms had not been secured to the wall; this was discussed with the maintenance officer who assured that work would commence immediately to address the issue. An area for improvement under the regulations, was made.

Infection prevention and control measures were not observed to be adhered to in accordance with best practice guidance. Observations identified the following areas for improvement in relation to IPC:

- used incontinence aids should not be disposed of in a black bag tied to a trolley in a corridor
- incontinence aids stored in communal bathrooms should be stored in their original packaging and in a closed cupboard
- personal protective equipment (PPE) should be accessible at all times and stored appropriately in dispensers
- signage and displays should be maintained in such a way to allow for effective decontamination

These findings were discussed with the responsible person and an area for improvement under the regulations, was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff appraisals, adult safeguarding and staffs knowledge, skills and experience relevant to their individual roles.

Areas for improvement

Areas for improvement under the regulations were made in regards to staffing, staff recruitment, staff deployment, induction and infection prevention and control which has been stated for a second time. One area for improvement under the standards was made in relation to the monitoring of NMC and NISCC registrations.

	Regulations	Standards
Total number of areas for improvement	4	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of two patient care records evidenced that a range of validated risk assessments were completed as part of the admission process and reviewed as required. There was evidence that risk assessments informed the care planning process.

Care records accurately reflected the assessed needs of patients, were kept under review and where appropriate, adhered to recommendations prescribed by other healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT) or dietitians. Review of two patient care records evidenced that registered nurses assessed, planned, evaluated and reviewed care in accordance with NMC guidelines.

Supplementary care charts for food and fluid intake evidenced that records were maintained. However in the case of six patients repositioning charts, the required frequency of repositioning had not been recorded to guide staff. An area for improvement under the standards, was made.

The inspector observed confidential patient information on a number of publically displayed notice boards throughout the home. This was brought to the attention of the nurse in charge. An area for improvement under the standards, was made.

A review of records and discussion with staff confirmed that staff meetings were held at least quarterly with the most recent in February 2018, records were maintained.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager. All grades of staff consulted, clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. The inspector observed the delivery of care throughout the home and was assured that interaction between staff and patients demonstrated that staff possessed a thorough understanding of patients' assessed needs.

A review of records evidenced that patient and/or relatives meetings were held with the most recent in January 2018. Patients and representatives spoken with expressed their confidence in raising concerns with the home's staff/management.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to risk assessing and care planning, teamwork, communication between residents, staff and other key stakeholders

Areas for improvement

Two areas for improvement under the standards were identified in relation to completion of supplementary care records and maintaining confidential patient information.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspector arrived in the home at 09.50 and was greeted by staff who were helpful and attentive. Staff demonstrated a detailed knowledge of patients wishes, preferences and assessed need.

Discussion with staff and observations in the laundry area, linen stores and baskets throughout the home evidenced that 'net pants' were being laundered and used communally. An area for improvement, under the standards, was made.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges and dining rooms. Doors leading to two identified bathroom areas were observed without functioning locking mechanisms. This matter was first identified at the previous care inspection of 7 June 2017. An area for improvement has been stated for a second time.

During a review of the environment the inspector observed that since the last care inspection Close Circuit Television (CCTV) had been installed in the home. This matter was discussed with the responsible person who provided some rationale for the installation of such equipment. The responsible person however, must be mindful of the rights of the patients and their representatives to privacy, and dignity at all times. Individual patients consent should be sought and options for those who choose not to consent should be available. The responsible person should ensure that the home is in keeping with best practice guidance issued by RQIA in regards to the use of CCTV in a nursing home setting. A review of the policy and procedure for the management of CCTV was reviewed post inspection and was noted to require further development in keeping with best practice guidance. An area for improvement under the standards, was made.

Discussion with admin staff and a review of records confirmed that there were systems in place to obtain the views of patients, their representatives and staff in regards to service provision and the delivery of care.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' religious and spiritual needs within the home. On the day of inspection the inspector observed patients attending a church service within the home.

Patients who were able to verbalise their feelings stated that they enjoyed living in Glenmachan Tower House, and other than the concerns previously mentioned in relation to staffing spoke positively about the care that they received. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Ten patient and ten relative questionnaires were issued at the time of inspection, none were returned within the timescale for inclusion in this report.

Comments from patients varied and included the following statements:

"I am getting on the best here"

"staff are stressed and very busy"

"the day can be very long"

"the staff are great to me, I have no concerns"

One relative who met with the inspector stated:

"the girls are lovely, the home appears short staffed at night"

The inspector met with one visiting professional who spoke positively about the home and with eight staff. A poster inviting staff to complete an online survey was provided. At the time of writing this report none had been completed.

Any comments received from patients, relatives and staff were shared with the responsible person for their consideration and action as required. Any questionnaire responses received after the issue of this report will be reviewed by RQIA and forwarded to the relevant persons if necessary.

Discussion with patients, staff and a review of records did not provide evidence that a meaningful programme of activities had been implemented. The last recorded activity was 16 February 2018. This area for improvement has been stated for a second time.

Observation of the delivery of care during the meal time experience did not provide assurances that patients' individual needs were being appropriately met. We observed staff leaving patients to attend to another patient prior to the meal having been finished. Patients also expressed concern regarding the time spent having to wait between sittings to receive their meal. An area for improvement under the standards, was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to listening to and valuing patients and their representatives, taking account of the views of patients and the attention to religious and spiritual needs of patients.

Areas for improvement

Areas for improvement under the standards were made in regards to meaningful activities, management of laundered 'net pants', the meal time experience and the homes environment which has been stated for a second time.

	Regulations	Standards
Total number of areas for improvement	0	3

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The registration certificate was up to date and displayed appropriately. A certificate of employer's liability insurance was displayed but had expired, this was brought to the attention of admin staff, a valid insurance certificate was displayed before the end of the inspection.

Discussion with the nurse in charge and the responsible person evidenced that the home was not operating within its registered categories of care. The home had admitted two patients for day-care in the absence of an agreed variation to their existing registration. An area for improvement, under the regulations, was made.

Discussion with the registered nurse in charge and staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

Staff were able to identify the person in charge of the home. The inspector reviewed the arrangements for the nurse in charge of the home in the absence of the registered manager; records reviewed did not provide assurances that a nurse in charge competency and capability assessment was completed. An area for improvement, under the regulations, was made.

A review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. Patients/representatives confirmed that they were confident that staff/management would manage any concern raised by them appropriately. Patients were aware of who the registered manager/person was. A copy of the complaints procedure was available in the home.

A review of notifications of incidents to RQIA since the last care inspection confirmed that these were managed appropriately.

There were systems and processes in place to ensure that urgent communications, safety alerts and notices were reviewed and where appropriate, made available to key staff in a timely manner.

A review of records evidenced that Regulation 29 (or monthly quality) monitoring visits were completed in accordance with the regulations and/or care standards. An action plan was generated to address any areas for improvement. Copies of the reports were available for patients, their representatives, staff and trust representatives.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of complaints and incidents, understanding of roles and responsibilities, communication amongst staff and completion of Regulation 29 monitoring visits.

Areas for improvement

The following areas were identified for improvement in relation to adherence with categories of care and assessment of competency and capability for nurse in charge in the absence of the registered manager.

	Regulations	Standards
Total number of areas for improvement	2	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Dr Albert Alan Stephens, Responsible Person and Jacci Wilson, Admin Assistant as part of the inspection process. The timescales commence from the date of inspection.

Due to the number of areas for improvement restated and identified during this inspection the registered provider and registered manager were invited to a concerns meeting at RQIA offices.

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 21 Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that all required employment checks are completed prior to the commencement of employment of any staff member. Evidence should be available for inspection.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: To ensure full compliance with pre employment checks a tick list has been devised and implemented. This will be available for future inspections. References x 2 Access NI & Employment History.</p>
Area for improvement 2 Ref: Regulation 20 (1) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that staff resources are appropriately deployed to ensure the safe and effective delivery of care to all patients, particularly during meal times.</p> <p>Ref: Section 6.4 & 6.6</p> <p>Response by registered person detailing the actions taken: Staff numbers are calculated using Dependency levels, to ensure the Health and Welfare of Residents. We are at present pursuing all avenues to employ more Nurses. In the meantime a Care Assistant has been employed and the Nurse Manager assists in the morning with direct Patient Care and Medications. All agency staff are given an induction to ensure continuity in care of Residents as is reasonable. all Nurses who are given the responsibility of being in charge of the home have competency and capability assessments in place.</p>
Area for improvement 3 Ref: Regulation 14 (2) (c) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that all patient wardrobes are secured to the wall.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: Maintenance staff have secured all wardrobes in each of the Residents rooms for safety purposes.</p>
Area for improvement 4 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 addressed in accordance with best practice guidance.</p> <p>Ref: Section 6.4</p>

To be completed by: 30 April 2018	Response by registered person detailing the actions taken: Staff now aware that black bags should not be tied to a clean trolley for disposal of incontinence aids. Staff have been reminded that incontinence aids should not be stored in communal bathrooms. There are dispensers throughout the home for gloves and aprons. All signages and displays are laminated to allow for effective decontamination.
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<p>Area for improvement 5</p> <p>Ref: Regulation 20 (3)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that the nurse in charge of the home, in the absence of the registered manager, has a competency and capability assessment completed prior to taking charge.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: All nursing staff hve had competency and capability assessments completed and signed off.</p>
<p>Area for improvement 6</p> <p>Ref: Regulation 15 (1)</p> <p>Stated: First time</p> <p>To be completed by: 30 March 2018</p>	<p>The registered person shall ensure that at all times they adhere to the registered categories of care for Glenmachan Tower House.</p> <p>Ref: Section 6.7</p> <p>Response by registered person detailing the actions taken: We will ensure in the future that registered cateregories of Care for Glenmachan Tower House are adhered to e.g. no meals, Day Care will be provided to non Residents.</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 39 Criteria (1)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that all staff newly appointed to the home, including agency staff, complete a structured orientation/induction appropriate to their role and records are maintained and available for inspection.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: All newly appointed staff will be orientated/inducted. New staff will spend a day shadowing other staff as well as one day for Induction/Orientation.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6 Criteria (1)</p> <p>Stated: Second time</p> <p>To be completed by: 31 March 2018</p>	<p>The registered person shall ensure that locking mechanisms are in place and in working order on doors leading to areas where personal care may be delivered.</p> <p>Ref: Section 6.6</p> <p>Response by registered person detailing the actions taken: There are now locking mechanisms in working order on all doors where personal care is delivered.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 11 Criteria (1)</p> <p>Stated: Second time</p>	<p>The registered person shall review the programme of activities in the home to ensure meaningful activities are offered to patients.</p> <p>Ref: Section 6.6</p> <p>Response by registered person detailing the actions taken: We have advertised the post of Activity Co-ordinator for the home but</p>

To be completed by: 30 April 2018	have had no applicants so far. We have emailed local schools, churches etc but have had no responses to date.
Area for improvement 4 Ref: Standard 41 Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that the checking of the registration status of registered nurses and care staff is carried out in a timely and robust manner to ensure that staff do not work unregistered. A robust system of checks should be established and maintained. This should be countersigned by the registered manager.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: A system of checks has been drawn up and maintained to ensure that the registration status of all nurses and care staff is carried out on a monthly basis. NISCC and NMC registration is checked.</p>
Area for improvement 5 Ref: Standard 4 Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that patients repositioning records clearly state the frequency of repositioning in accordance with the prescribed care plan.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: All repositioning charts now state clearly the frequency of repositioning and skin checks for both day & night.</p>
Area for improvement 6 Ref: Standard 5 Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that confidential patient information is maintained in accordance with best practice guidance and legislative requirements.</p> <p>Ref: Section 6.5</p> <p>Response by registered person detailing the actions taken: All confidential information on residents is maintained as per legislative requirements to include Speech and Language Therapists Recommendation - these are no longer displayed in the Dining Room and Bathing Schedules.</p>
Area for improvement 7 Ref: Standard 44 Stated: First time To be completed by: 30 April 2018	<p>The registered person shall ensure that a review is completed of the use of CCTV within the home, this should include consultation with patients and/or their representatives. Records of the review should be available for inspection.</p> <p>The CCTV policy and procedure should be updated in accordance with practice guidance and relevant legislation.</p> <p>Ref: Section 6.6</p> <p>Response by registered person detailing the actions taken: the policy and Procedure for CCTV has been updated, review</p>

	completed and available for inspection.
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<p>Area for improvement 8</p> <p>Ref: Standard 5</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that 'net pants' are not used communally but individually labelled for any patient requiring there use.</p> <p>Ref: Section 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: Laundry bags have been purchased and individually labelled for residents requiring "Net Pants" these are laundered daily and returned to the residents individual rooms.</p>
<p>Area for improvement 9</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2018</p>	<p>The registered person shall ensure that a review of the meal time experience is completed. This should focus on time spent for patients awaiting their meal, consultation with patients and/or their representatives should be included.</p> <p>Ref: Section 6.6 & 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: Observation of meal times was carried out. There are staff allocated to assist with individual needs of residents. No excess time spent having to wait for meals between sittings was observed, staff wee advised that meals should be served promptly and a calm and relaxed atmosphere is essential.</p>

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



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Assurance, Challenge and Improvement in Health and Social Care