

# Inspection Report

17 October 2023



## The Glebe Care Centre

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

<b>Organisation/Registered Provider:</b> Larchwood Care Homes (NI) Ltd  <b>Responsible Individual</b> Mr Christopher Walsh	<b>Registered Manager:</b> Miss Cristina Chimixis - not registered
<b>Person in charge at the time of inspection:</b> Miss Cristina Chimixis	<b>Number of registered places:</b> 31  There shall be a maximum number of 12 residents within category NH-PH (E). The home is approved to provide care on a day basis to 1 person. There shall be a maximum of 1 named residents receiving residential care in category RC-I.
<b>Categories of care:</b> 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.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 29
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 31 patients. The home is divided over two floors. Patient's bedrooms are located over both floors and patients have access to communal lounges, dining rooms and bathrooms.	

## 2.0 Inspection summary

An unannounced inspection took place on 17 October 2023 from 9.00 am to 5.00 pm by a care inspector. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided.

Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

Areas requiring improvement were identified during this inspection and are discussed within the main body of the report and Section 6.0.

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

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was 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 care inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, and a range of information about the service was reviewed to help us plan the inspection.

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.

A poster was provided to the manager detailing how staff could provide their views and opinions by completing an online questionnaire. Questionnaire leaflets were also provided, to allow patients and those who visit them, the opportunity to provide feedback after the inspection with their views of the home.

The daily life within the home was observed and how staff went about their work. A range of documents and records were examined to determine that effective systems were in place to manage the home.

### **4.0 What people told us about the service**

During the inspection we consulted with patients and staff. Patients spoke positively on the care that they received and on their interactions with staff. One told us, "its great".

Due to the nature of some medical conditions, not all patients were able to tell us how they found life in the home. Patients who were less able to communicate were seen to be content in their surroundings and in their interactions with staff.

Staff reported that they enjoyed working in the home and that teamwork was good.

As stated in section 3.0, questionnaires and a poster with a link to an online survey were left with the management to allow patients, relatives, visitors and staff unable to meet with the inspector the opportunity to provide feedback on the home. There were no responses received to the questionnaires or 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 6 <sup>th</sup> September 2022		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27 (2)(d) <b>Stated:</b> First time	The registered person shall ensure all parts of the nursing home are kept clean and reasonably decorated.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 27 (2)(b) <b>Stated:</b> First time	The registered person shall ensure that the premises to be used as the nursing home are kept in good repair externally and internally.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met; this is discussed further in section 5.2.3.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 14 (2)(a) <b>Stated:</b> First time	The registered person shall ensure all parts of the home to which patients have access are free from hazards to their safety.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 4</b> <b>Ref:</b> Regulation 30 <b>Stated:</b> First time	The registered person shall ensure notifiable events in the home are reported to RQIA appropriately.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<b>Area for improvement 5</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time	The registered person shall ensure safe systems are in place for the management of warfarin.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 41.2  <b>Stated:</b> First time	The registered person shall ensure at all times suitably experienced staff are working in the home in such numbers as are appropriate for the health and welfare of patients. This includes the ancillary support staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4.8  <b>Stated:</b> First time	The registered person shall ensure that all care interventions are appropriate to patients' individual needs and meaningfully recorded.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 12.1  <b>Stated:</b> First time	The registered person shall ensure patients are provided with nutritious meals which meet their individual assessed needs.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

<b>Area for improvement 4</b>  <b>Ref:</b> Standard 28  <b>Stated:</b> First time	The registered person shall ensure the date of opening is consistently recorded on all medicines to facilitate audit and disposal at expiry. This is in particular reference to in-use insulin pen devices and medicines not supplied in monitored dosage sachets.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect patients. Discussion with staff and a review of relevant records confirmed that staff completed an induction prior to working with patients.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

A system was in place to ensure staff completed their mandatory training and compliance was robustly monitored by the manager. Discussion with the manager confirmed that bespoke training to facilitate the needs of patients was reviewed and routinely monitored. Discussion with staff confirmed they were satisfied with the range of training offered.

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. Staff who take charge in the home in the absence of the manager had completed relevant competency and capability assessments.

Staff should have the opportunity to attend supervision and appraisal sessions to review their role and enhance their professional development. There was evidence that a system was in place to ensure staff had the opportunity to undertake supervision, and discussion with the manager confirmed that a plan was progressing to undertake appraisals with staff. This will be reviewed at a future inspection.

Staff were seen to attend to patients' needs in a timely manner, and patients' were offered choices throughout the day. Patients told us that they were satisfied with the delivery of care, attentiveness and support received from staff.

### 5.2.2 Care Delivery and Record Keeping

Staff confirmed they attended a handover at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine, wishes and preferences.

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. A sample of care records were reviewed and evidenced that generally care plans were regularly reviewed and updated; and included any advice or recommendations made by other healthcare professionals.

Patients' individual likes and preferences were reflected throughout the records. Care plans contained information on what or who was important to them; and daily records were maintained on how each patient spent their day and the care and support provided by staff.

Care records for patients who experience a fall evidenced that care plans and risk assessments were reviewed and updated appropriately.

Patients who are less able to mobilise were assisted by staff to mobilise or change their position as required, and care plans were in place to direct care for the prevention of pressure ulcers. Patients were being assisted by staff to change their position regularly.

Some patients required an enhanced level of supervision. Discussion with staff confirmed that they were provided with information pertaining to the needs of the patients, and a care plan was in place to direct care. Observation noted one patient's supervision not consistent with their assessed needs. This was brought to the immediate attention of staff and discussed with management for review and appropriate action. An area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. 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.

The dining experience was an opportunity for patients to socialise, music was playing and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. 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.

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.

There was evidence that patients' weights were checked regularly to monitor weight loss or gain. Staff maintained a record of what patients had to eat and drink, where required; daily records were kept of how each patient spent their day and the care and support provided by staff.



### 5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm, clean and comfortable. Patients bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home. Appropriate doors to rooms containing potential hazards to patients had been locked.

The previous inspection had identified some areas in the home in need of décor updating. There was evidence that areas were addressed in order of priority and discussion with management confirmed that additional environmental improvements were identified for future completion.

Corridors and fire exits were observed to be free of clutter and obstruction.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of personal protective equipment (PPE) had been provided. Staff members were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Environmental infection prevention and control audits had been conducted and the manager confirmed they undertake regular walk round's and spot checks.

### 5.2.4 Quality of Life for Patients

Staff took time to chat to patients as they were going about the daily routine; they asked patients how they were, if they would like a drink and if they needed anything. The atmosphere throughout the home was warm, welcoming and friendly.

There was a range of activities provided for patients by staff. The range of activities offered included pool, films and music sessions.

Patients confirmed that they were able to choose how they spent their day; some chose to remain in their own bedroom whilst others chose to spend time in communal areas.

### 5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs Cristina Chimixis has been managing the home since November 2022.

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

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

Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.



The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. A sample of reports were reviewed and identified that where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. The reports were available for review by residents, their representatives, the Trust and RQIA.

A complaint record was maintained and included the nature of the complaint and any actions taken in response to the complaint.

## 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 (December 2022)

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2*	1*

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

Areas for improvement and details of the Quality Improvement Plan were discussed with the management, 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> Ongoing from the date of inspection (22 June 2022)	The registered person shall ensure safe systems are in place for the management of warfarin.  Ref: 5.1 and 5.2.1  <b>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.</b>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 13 (1) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect (17 October 2023)</p>	<p>The registered person shall ensure that all staff (where applicable) are aware of their roles and responsibilities in regards to the needs of a patient requiring one to one enhanced supervision with appropriate monitoring systems in place.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> All agency staff have profiles provided by the agency to ensure that they have the necessary training to carry out their roles. Staff are provided with an orientation and induction on arrival to the Home and are provided with a handover from the nurse and from the previous one to one care staff member. Following the inspection a report was made the agency who had provided the staff member noted in the inspection and on the report and an investigation was carried out. The outcome of this investigation was shared with registered nurses in charge of the Home and changes were made and adopted to the management of one to one staff breaks and the direction given to one to one staff when they are carrying out their roles within the Home.</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 28</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the date of inspection (22 June 2022)</p>	<p>The registered person shall ensure the date of opening is consistently recorded on all medicines to facilitate audit and disposal at expiry. This is in particular reference to in-use insulin pen devices and medicines not supplied in monitored dosage sachets.</p> <p>Ref: 5.1, 5.2.1 and 5.2.3</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>

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



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