

Announced Care Inspection Report 23 February 2021



Glenkeen House

Type of Service: Nursing Home

**Address: 100 Glenkeen Church Road, Randalstown,
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Inspector: Debbie Wylie

www.rqia.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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 40 persons.

3.0 Service details

<p>Organisation/Registered Provider: Hutchinson Homes Ltd</p> <p>Responsible Individuals: Naomi Carey Janet Montgomery</p>	<p>Registered Manager and date registered: Jacqueline Elizabeth McShane 1 April 2005</p>
<p>Person in charge at the time of inspection: Jacqueline Elizabeth McShane</p>	<p>Number of registered places: 40</p> <p>The home is approved to provide care on a day basis to 5 persons. There shall be a maximum of 1 named resident receiving residential care in category RC-I.</p>
<p>Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.</p>	<p>Number of patients accommodated in the nursing home on the day of this inspection: 34</p>

4.0 Inspection summary

An announced inspection took place on 23 February 2021 from 10:00 to 13.15 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

Following a risk assessment RQIA decided to undertake a remote inspection of this home. The following areas were examined during the inspection:

- staffing
- management arrangements
- governance systems
- infection prevention and control (IPC)
- care records
- quality of life for residents
- consultation with patients, patients' representatives and staff.

Patients consulted with were positive regarding their experience of living in Glenkeen House. Those who could not verbally communicate were observed to be relaxed and settled in their surroundings.

The findings of this report will provide Glenkeen House with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

The term 'patients' is used to describe those living in Glenkeen House which provides nursing care.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Jacqueline Elizabeth McShane, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To reduce the risk to patients during the pandemic outbreak, this inspection was carried out remotely. Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- duty rotas from 1 to 14 February 2021
- staff training matrix 2020
- the management/organisational structure of the home
- the on-call arrangements out of hours
- a selection of quality assurance audits for November and December 2020
- care partners protocol
- regulation 29 monthly quality monitoring reports for November and December 2020
- complaints and compliments records 2020
- incident and accident records
- minutes of the last two patient meetings and staff meetings
- the activity planner for December 2020
- the menus for December 2020
- three patient care records.

During the inspection RQIA were able to consult with patients and staff using technology.

Questionnaires were also sent via email to the manager in advance of the inspection to obtain feedback from patients, patients' representatives and staff. Ten patients' questionnaires, ten patients' relatives/representatives questionnaires and ten staff questionnaires were left for distribution. A poster was provided to the manager to display and distribute to patients' representatives with details of the inspection. A poster was also provided for patients, patients' representatives and staff inviting them to provide feedback to RQIA on-line.

Following a review of the information submitted to RQIA, the inspection took place via video technology.

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 previous inspection(s)

The most recent inspection of the home was a care inspection undertaken on 6 February 2020.

The area for improvement identified at the last care inspection was reviewed and an assessment of compliance recorded as met.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 36 (1) and (2) Stated: First time	The registered person shall ensure that: <ol style="list-style-type: none"> 1. The policies and procedures for all operational areas of the home are in accordance with the statutory requirements and there is a process of systematic audit in place to ensure compliance with policies and procedures. 2. The policies and procedures for treatment and care are evidence-based and in line with the current best practice as defined by professional bodies and national standard setting organisations. Ref: 6.6	Met
	Action taken as confirmed during the inspection: <ol style="list-style-type: none"> 1. The inspector was provided with evidence that policies were in accordance with the statutory requirements. There is a systematic audit process in place to ensure compliance with policies and procedures. 	

	<p>2. The inspector reviewed the Deprivation of Liberty Policy for the home and found it to be evidence-based and in line with the current best practice as defined by professional bodies and national standard setting organisations.</p>	
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6.2 Inspection findings

6.2.1 Staffing

Discussion with the manager on the day of inspection confirmed that there were sufficient staff on duty to meet the assessed care needs of patients. We spoke with three staff and three patients who also confirmed they had no concerns regarding staffing levels. Staff were attentive to patients' needs and responded to requests promptly.

The staff rotas was reviewed from 1 to 14 February 2021 and confirmed that the planned daily staffing levels were adhered to. Staff designation and hours were included on the rota and the rota was in a format which was clear and coherent.

Staff had a good understanding of their roles and responsibilities and on discussion were able to describe the action to take if they had any concerns regarding patients' care or working practices. Training was provided to support staff in their roles which was confirmed on discussion with staff and also on examination of the staff training matrix which showed the dates for planned mandatory training. Staff comments included:

"Staffing levels are good."

"We have training planned for tomorrow."

"I would report any issues with care to the manager."

"I don't have any concerns about care or staffing."

As part of the inspection process we asked patients, patients' representatives and staff to provide comments on staffing levels via questionnaires. We received ten completed questionnaires which confirmed there were no concerns about staffing levels.

6.2.2 Management arrangements

There had been no change in manager since the last inspection. The manager confirmed that the home was operating within its registered categories of care. The provision of care on a day basis for two people has been suspended due to the current COVID-19 pandemic.

A detailed and informative outline of the management arrangements in the home was reviewed. The information included the management structure of the home and details of the staff in post.

Information was provided on the cover arrangements for the out of hours period and the contact details for management as required. Staff confirmed that they were aware of actions to take in the out of hour's period if they should require management support.

Staff confirmed that the manager was supportive and approachable and both staff and the manager verified there was an open door policy in the home for staff to discuss any concerns or issues they may have.

6.2.3 Governance systems

Prior to the inspection we carried out an assessment of the governance documentation completed for the home. We reviewed a selection of quality assurance audits and found evidence the audits had been completed regularly for IPC and the environment, restrictive practices, wound care and nutrition.

We saw evidence that any accidents and incidents which had occurred in the home had been appropriately reported to RQIA.

The home provided documents for review in relation to visiting and care partners. The documents showed evidence that the current Department of Health guidelines on visiting in homes and the provision of care partners was in place and being adhered to.

We reviewed the record of the monthly monitoring visits for November and December 2020. The record was comprehensive and reviewed all aspects of care in the home. The reports provided detail of the follow up actions required.

The record of complaints for the home was reviewed and we found that there had only been one complaint during 2020. The complaint had been dealt with appropriately and was documented with the details of the complaint, investigation and outcome.

6.2.4 Infection prevention and control (IPC)

A health questionnaire and temperature check was completed for all visitors to the home and an area for the provision of personal protective equipment (PPE) and hand sanitising gel was in place. The poster informing patients, staff and visitors that the inspection was taking place was displayed on the noticeboard in the hallway.

Discussion with staff provided evidence they had a very good knowledge of IPC procedures and were able to describe the enhanced cleaning taking place in the home throughout the COVID-19 pandemic. Staff were observed wearing appropriate PPE during the inspection however, this was not worn when carrying out domestic cleaning. We also observed wrist jewellery being worn by staff which is non-compliant with best practice for the prevention of the spread of infection. These areas were discussed with the manager and an area for improvement was made.

6.2.5 Care records

We reviewed the nutritional care records for three patients. The records detailed the assessments and care plans in place for oral health, eating and drinking, swallowing risk and weight management. Records showed the actions taken if there were concerns regarding weight loss or the nutritional needs of the patients.

There was also evidence of contact with other professionals such as the speech and language therapist (SALT) who provided direction for the care required for each of the patients. However, dental review records were not completed for all patients. This was discussed with the manager who agreed to put this in place and this will be reviewed at the next inspection.

6.2.6 Quality of life for residents

During a tour of the home we saw that the three lounges were well decorated, inviting and tidy. The dining rooms were clean and well presented with condiments on tables for patient use. Seating was suitably spaced in both of the lounges and dining rooms to allow adequate social distancing.

The patients' bedrooms viewed were tastefully decorated and had lovely examples of patients' own personal items such as family pictures, furniture and crafts they had made. We observed that patients well dressed in clean clothing and their hair had been styled neatly.

Activities were available in the home for patients to participate in. The record of activities available included crafts, reading, poetry, darts, games, spa, nail painting, quizzes and learning about each other. Activities had not been planned on a daily basis in the home. This was discussed with the manager and an area for improvement was made.

The lunch time meal was observed during the inspection. Patients were served their lunch in one of the dining rooms or if preferred in their own rooms on trays. A menu board was visible to patients and easily understood. A choice of main course was not seen on the three week rotating menu. The lack of choice of main course was discussed with the manager who agreed to add a choice of two main courses for each meal daily. This will be reviewed at the next inspection. Patients told us they were enjoying the lunch meal and had no complaints.

Staff and patients were chatting in a friendly and relaxed manner during lunch. Staff asked patients about their choice and preferences of drinks. Some patients' comments included:

"The food is first class."

"There is a good variety of meals here."

"Excellent food here. I have complimented the chef about it."

"I call it The Savoy."

6.2.7 Consultation with patients, patients' representatives and staff

The home was notified of the planned inspection 28 days prior to the date of inspection and an inspection pack was sent via email to the home at this time. The pack included an inspection poster which was displayed in the home for patients and emailed to relatives to inform them of contact telephone numbers and an email address by which they could contact RQIA to provide feedback on the care provision in the home. We did not receive feedback via telephone or email.

A poster provided details of an online survey for patients, patients' representatives and staff to complete. No completed surveys were received.

We also provided the home with questionnaires to be distributed to patients, patients’ representatives and staff. We received ten responses in total with eight confirming they were satisfied or very satisfied that care was safe, compassionate, effective and well led and two confirming they were not satisfied care was effective or well led. This was discussed with the manager after the inspection for follow up. Comments from staff and patients during the inspection included:

- “The staff from the cleaners to the management are excellent.”
- “They (the staff) are friendly and chatty.”
- “It’s the best home I’ve been in.”
- “We get everything we need.”
- “Staff are around all the time and they come when I press my buzzer.”

The home retained a record of compliments received during the 2020 period. Some of the compliments included:

- “Nothing was ever a problem. You all helped in every way and we truly appreciate it.”
- “Thank you for all you diligent care, comfort and compassion”
- “The standard of care was excellent and you obviously have a very caring and professional staff team.”

Areas for improvement

Areas for improvement included: infection prevention and control and the provision of activities.

	Regulations	Standards
Total number of areas for improvement	1	1

6.3 Conclusion

Patients appeared relaxed and the home was clean, tidy and inviting. Patients were positive in their feedback about life in the home on the day of the inspection.

Staff were knowledgeable about individual patient care and preferences. Care was carried out in an unhurried manner.

The areas for improvement will be addressed through the QIP.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jacqueline Elizabeth McShane, manager, as part of the inspection process. The timescales commence from the date of inspection.

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 13(7) Stated: First time To be completed by: immediately from the date of inspection	<p>The registered person shall make suitable arrangements to minimise the risk of infection. This is in relation to staff use of PPE and jewellery worn around the wrist.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: All staff are aware of the policy on use of PPE within the nursing home and the wearing of jewellery and measures are in place to ensure that these policies are adhered to, to minimise the risk of infection. Checks are carried out daily to ensure that these policies are followed</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 11.1 Stated: First time To be completed by: immediately from the date of inspection	<p>The registered person shall ensure there is a daily timetable of activities which are meaningful to patients and that this is displayed in a suitable format and location in the home.</p> <p>Ref: 6.2.6</p> <p>Response by registered person detailing the actions taken: There is a daily timetable within the home and the activity therapist records the activities that have been scheduled for each day including weekends. These activities are meaningful to the patients and are reviewed and updated on a regular basis</p>

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



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