



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 2 July 2019



Glenkeen House

Type of Service: Nursing Home

Address: 100 Glenkeen Church Road, Randalstown, BT41 3JX

Tel No: 028 9447 9794

Inspector: Dermot Walsh

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 registered nursing home which provides care for up to 40 patients.

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 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: 30</p>

4.0 Inspection summary

An unannounced inspection took place on 2 July 2019 from 09.25 to 17.25 hours.

This inspection was undertaken by the care inspector.

The term 'patient' is used to describe those living in Glenkeen which provides both nursing and residential care.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas for improvement in respect of the previous medicines management inspection has also been reviewed and validated as required.

Evidence of good practice was found in relation to staffing arrangements, recruitment procedures, staff training and development, adult safeguarding, the environment, nutrition and the management of incidents. Further good practice was found in relation to teamwork, the delivery of compassionate care and maintaining good working relationships.

Areas requiring improvement were identified in relation to access to medications, recording of wound care and restrictive practice and with the auditing of patient care records.

Patients described living in the home in positive terms. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff. Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

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	2	2

Details of the Quality Improvement Plan (QIP) were discussed with Jacqueline McShane, registered 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.

4.2 Action/enforcement taken following the most recent inspection dated 8 November 2018

The most recent inspection of the home was an unannounced care inspection. 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

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings; registration information; and any other written or verbal information received, for example, serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home and invited visitors to speak with the inspector.

The following records were examined during the inspection:

- duty rota for all staff week commencing 30 June 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment file
- three patient care records
- a sample of governance audits/records
- complaints record
- compliments received
- RQIA registration certificate.

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

The findings of the inspection were provided to the registered manager at the conclusion of the inspection.

6.0 The inspection

6.1 Review of outstanding areas for improvement from previous inspection(s)

Areas for improvement identified at the previous care inspection have been reviewed. Both areas have been met.

The area for improvement identified at the previous medicines management inspection has also been reviewed. This area has been met.

6.2 Inspection findings

6.3 Is care safe?

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

The manager confirmed that the number of staff and the skill mix of staff on duty at any given time was determined through regular monitoring of patient dependency levels in the home. A review of the duty rota for week commencing 30 June 2019 confirmed that the planned staffing level and skill mix was adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the care staff. Patients' needs and requests for assistance were observed to have been met in a timely and caring manner. Patients and their visitors consulted spoke positively in relation to the care provision in the home. Staff confirmed that they were satisfied that the staffing arrangements were sufficient to meet patients' needs at all times.

A review of one staff's recruitment records confirmed that the appropriate pre-employment checks had been completed prior to the staff member commencing in post. References had been obtained and records indicated that AccessNI checks had been conducted. Checks were made on registered nurses to ensure that they were registered with the Nursing and Midwifery Council (NMC). Similar checks were made on care workers to ensure that they were on the Northern Ireland Social Care Council (NISCC) register and that no restrictions to their employment had been identified. New care staff were required to join the NISCC register as soon as possible following commencement of employment. The manager evidenced regular checks made on all staff following employment in the home to ensure that they maintained their registration with NMC and NISCC as appropriate.

A record of any training that staff had completed was maintained in the home. Staff spoke positively in relation to the training provision. Discussion with staff and a review of records evidenced that training was conducted face to face. The manager confirmed the arrangements in place to ensure that staff maintained compliance with mandatory training. The manager also confirmed that staff were mentored and coached through staff supervisions and appraisals. A matrix had been maintained to evidence completed supervisions and the manager confirmed that dates for staff appraisals were arranged to be completed by the end of December 2019.

An adult safeguarding champion had been identified to manage any potential safeguarding incidents. Discussion with the manager confirmed that they were aware of the regional safeguarding policy and procedures. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns.

A review of three patients' care records evidenced that appropriate individualised risk assessments were completed on each patient at the time of their admission. Risk assessments had been reviewed regularly and care plans had been developed which were reflective of the risk assessments. Care plans had also been reviewed and updated regularly.

Falls in the home were monitored on a monthly basis to detect if there were any patterns or trends in the falls as a way of proactively preventing future falls from occurring. A review of accident records associated with the falls evidenced that the appropriate actions had been taken following the falls and the appropriate persons had been notified of the accidents. The number of actual falls in the home was low with only three recorded since April 2019.

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was clean and fresh smelling. There were no malodours detected in any part of the home. Fire exits and corridors were observed to be clear of clutter and obstruction. Stairwells were also observed to be clear. Items had been stored safely in the home and an area for improvement in this regard has now been met. Compliance with best practice on infection prevention and control had been well maintained. Personal protective equipment (PPE) was available and staff were observed to use PPE appropriately and to promote hand hygiene. Isolated infection control issues identified were managed during the inspection.

A review of medicines management confirmed the ordering and re-ordering systems that were in place to ensure availability of patients' medications. The manager and staff confirmed that all medications required for administration were available in the home and that no medications had recently been omitted due to lack of availability. An area for improvement in this regard has now been met. The door to the treatment room in the home was observed to be unlocked. Medicines cupboards in the treatment room were also unlocked. Medicines must be stored securely to prevent unauthorised access. An area for improvement was identified.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing arrangements, recruitment procedures, staff training and development, adult safeguarding and the environment.

Areas for improvement

An area was identified for improvement in relation to the storage of medicines.

	Regulations	Standards
Total number of areas for improvement	1	0

6.4 Is care effective?

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

There was evidence within three patients' care records reviewed that appropriate risk assessments were completed on admission and reviewed on a regular basis. Risk assessments had been completed on falls management, nutrition, pressure management and restraint. Care plans had been developed which were reflective of the risk assessments. The care plans had also been reviewed regularly or as the patients' needs changed. Patient care records were maintained electronically in the home.

Dietary requirements, such as the need for a gluten free or diabetic diet, were communicated through staff handovers. Information also included the consistency of patients' food and fluids. Training in using new International Dysphagia Diet Standardisation Initiative (IDDSI) indicators to ensure that patients were safely given the correct foods and fluids was implemented. Patients had been weighed regularly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) was implemented to determine the risk of weight loss or weight gain. Where a risk was identified there was evidence within patients' care records that advice was sought from an appropriate health professional such as a dietician or a speech and language therapist. Patient care records also evidenced that advice received from health professionals were incorporated within the patients' care plans. An area for improvement in this regard has now been met. Patients and staff confirmed that they had 24 hour access to food and fluids. Patients and staff commented positively on the food provision in the home. Food and fluid intake records had been maintained appropriately.

The serving of lunch was observed in the dining room on the ground floor. Lunch commenced at 12.45 hours. The mealtime was well supervised. Patients who did not wish to eat in the dining room were facilitated with their meal in their preferred dining area where appropriate. Food was served directly from the kitchen when patients were ready to eat or be assisted with their meals. Food taken from the dining room was covered on transfer. The food served appeared nutritious and appetising. A range of drinks were served with the meal. Staff encouraged patients with their meals and patients were observed to be assisted in an unhurried manner. Staff wore the appropriate aprons when serving or assisting with meals and patients wore clothing protectors where required. Staff confirmed that alternatives were made available where patients did not prefer either choice of meal on the menu. A list of alternative meals was displayed on a noticeboard in the dining room. A system was evident to ensure that all patients in the home received their meal. Patients appeared to enjoy the mealtime experience.

Patients' risk of pressure related skin damage was assessed on their admission and reviewed. We reviewed one patient's care records where the patient was receiving treatment for two separate wounds. Shortfalls were identified in relation to the recording of wound management and an area for improvement was made. A wound photograph and body maps had been recorded and there was evidence of consultation with the tissue viability nurse in relation to the wound management.

When a restrictive practice, such as the use of bedrails or a lap belt had been implemented, there was evidence within the patient's care records of an initial assessment completed. We reviewed one patient's care records in relation to restrictive practice. The restraint assessment was non-specific and did not identify the restrictive practice required or the rationale for the use of the restrictive practice. A supporting care plan was not person centred and was written using generalised terminology. This was discussed with the manager and identified as an area for improvement.

Staff meetings were conducted regularly and minutes of the meetings were available for staff, who did not attend the meeting, to review. Minutes were also taken of residents' meetings and relatives' meetings. The manager confirmed that following relatives' meetings, the minutes would be displayed on the relatives' noticeboard in the home.

All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. Staff confirmed that the shift handover provided them with all necessary information to provide care to patients. Patient and representatives spoken with expressed their confidence in raising concerns with the home's staff/management.

Each staff member was aware of their roles and responsibilities within the team. Comments from staff included teamwork was: "Very good" and "All get on well together". Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. Staff commented that the home's management were, "Very approachable" and "Would always listen to any concerns raised."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication, teamwork and management of nutrition.

Areas for improvement

The following areas were identified for improvement in relation to the recording of wound care and restrictive practice.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 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.

Staff were aware of individual patients' wishes, likes and dislikes. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were given choice, privacy, dignity and respect. Staff were also aware of patient confidentiality regarding the handling and use of patient information.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences.

A relative's noticeboard was maintained in the corridor outside the dining room. The results of a recent client satisfaction survey was displayed. The vast majority of respondents indicated that they thought the care provision in the home was excellent. Detail of upcoming religious services was displayed to inform patients and relatives of dates. A three week rotating menu was also displayed to inform of meal choices in the coming weeks.

A list of activity groups and a programme of activities was on display. Discussion with the activities therapist confirmed that activities were conducted on a group and a one to one basis. Records of activities conducted were recorded on the home's epicare system. The activities therapist also confirmed detail of a planned open day and planned day trips for patients to attend where patients' families would also be invited to attend.

Cards and letters of compliment and thanks were displayed in the home. Some of the comments recorded included:

- "Many thanks once again for all your care and kindness towards my mum ... We can't praise your staff highly enough for all they do."
- "Thank you for all the care for our mum and the help and support of the family at the end."
- "To all the staff at Glenkeen. ... joins me in thanking you all sincerely for the love, care and devotion you gave to ... during her short stay. Your dedication to ... was appreciated by all the family."

Consultation with 11 patients individually, and with others in smaller groups, confirmed that living in Glenkeen was a positive experience. Ten patient questionnaires were left for completion. None were returned within the timeframe.

Patient comments:

- "It is a lovely place. You get the best to eat and drink here."
- "I find it alright here."
- "The girls are awful good."
- "They are very good. The place is always very clean. There are no smells."
- "I think it is great. The staff are fantastic. Anything you need you get."
- "Food is fantastic. Staff are good but have to wait at times for assistance."
- "It is good here. Staff are good. I am happy here."

One patient representative was consulted during the inspection. Patient representatives' questionnaires were left for completion. None were returned. The patient representative consulted commented:

- "Always made to feel welcome here. The laundry system is superb. ... is eating and drinking very well."

Staff were asked to complete an online survey; we had no responses within the timescale specified. Comments from seven staff consulted during the inspection included:

- "It's good, everyone is approachable."
- "I love it here."
- "It's good. We all get on well."
- "I like to work in here."
- "I enjoy it."

Any comments from patients, patient representatives and staff in returned questionnaires or online responses received after the return date will be shared with the registered manager for their information and action, as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the delivery of compassionate care and with staff interactions with patients.

Areas for improvement

No areas for improvement were identified during the inspection in the compassionate domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. This certificate identifies the management arrangements for the home and the maximum number of patients allowed to be accommodated in the home. Since the last care inspection, the management arrangements in the home had not changed. Discussion with the manager and staff, and observations confirmed that the home was operating within its registered categories of care.

Staff confirmed that the manager in the home was very approachable. Staff also confirmed that the manager was always available to provide guidance or advice during and out of normal office hours. Patients confirmed that they were aware of who the manager was and spoke positively in relation to interactions with the home's management.

A review of the duty rota clearly evidenced the identity of the nurse in charge of the home in the absence of the manager.

A system was in place to record any complaints received including details of the complaint, all actions taken in response to the complaint, agreed actions and the complainants' satisfaction of the complaint management. Patients and their visitors consulted during the inspection confirmed that they would have no issues in raising any identified concern with the home's staff or management.

Discussion with the manager and review of auditing records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, care records, wound management and infection prevention and control practices. We reviewed care plan audits. Shortfalls were identified within auditing records; however, there was no evidence that action plans had been reviewed to ensure completion. Given this and the findings in section 6.4 we discussed these areas with the manager and identified an area for improvement to ensure that the care plan audits are more robust.

Discussion with the manager and review of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of incidents and maintaining good working relationships.

Areas for improvement

An area for improvement was identified in relation to the auditing of patient care records

	Regulations	Standards
Total number of areas for improvement	0	1

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 McShane, registered 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 (4) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that medicines are stored securely to prevent unauthorised access. Ref: 6.3 Response by registered person detailing the actions taken: All medicines are stored in accordance with legislation, qualified staff have been reminded to ensure that all cupboards/trolley are locked when they exit the treatment room to administer medications to residents
Area for improvement 2 Ref: Regulation 12 (1) (a) and (b) Stated: First time To be completed by: 2 August 2019	The registered person shall ensure that wound care is conducted in accordance with best practice guidance such as National Institute for Health and Care Excellence. Ref: 6.4 Response by registered person detailing the actions taken: Staff have been educated to ensure that any wound care is conducted in accordance with best practice guidance
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 4 Stated: First time To be completed by: 2 August 2019	The registered person shall ensure that the assessment and care planning of the identified patient's restrictive practice is more robust and person centred. Ref: 6.4 Response by registered person detailing the actions taken: All resident's who require potential or actual restrictive practices, their care plans have been reviewed and updated to ensure that they are more robust and person centred
Area for improvement 2 Ref: Standard 35 Stated: First time To be completed by: 31 August 2019	The registered person shall ensure that the auditing of patient care records is more robust and that where shortfalls are identified, there is evidence of review to ensure completion. Ref: 6.6 Response by registered person detailing the actions taken: Care plan audit has been amended to ensure that when any shortfalls are identified they are reviewed to ensure completion

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



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