



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 6 February 2020



Glenkeen House

Type of Service: Nursing Home

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

Tel no: 02894479794

Inspector: Caroline Rix

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

Organisation/Registered Provider: Hutchinson Homes Ltd Responsible Individuals: Naomi Carey Janet Montgomery	Registered Manager and date registered: Jacqueline Elizabeth McShane 1 April 2005
Person in charge at the time of inspection: Jacqueline (Jackie) Elizabeth McShane	Number of registered places: 40 The home is approved to provide care on a day basis to 5 persons.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	Number of patients accommodated in the nursing home on the day of this inspection: 36

4.0 Inspection summary

An unannounced inspection took place on 6 February 2020 from 09.30 hours to 14.30 hours.

This inspection was undertaken by the care inspector.

The term 'patient' is used to describe those living in Glenkeen House.

The inspection assessed progress with all areas for improvement identified in the home 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 attentiveness to patients and the delivery of care which took into account personal preferences/choices of patients. Staff demonstrated that they had a good understanding of the individual needs of the patients and worked well as a team to deliver care to patients' in an individualised manner. The delivery of care took into account needs, personal choice and level of dependence of the individual patients.

An area requiring improvement was identified in relation to their policy and procedure on Deprivation of Liberty Safeguarding to be reviewed.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others and 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	0	1

Details of the Quality Improvement Plan (QIP) were discussed with Jackie 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 2 July 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 2 July 2019. 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 including registration information, and any other written or verbal information received.

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

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

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. Five patient/relative's questionnaire was returned to RQIA prior to the issuing of this report. Feedback indicated that they were all 'satisfied' or 'very satisfied' that the care was safe, effective, compassionate and the service was well led.

A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received within the relevant timescales.

The following records were examined during the inspection:

- duty rota for all staff from 2 to 15 February 2020
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident, accident and notification records
- one staff recruitment and induction file
- two patient care records
- a sample of governance audits/records
- complaints record
- compliments received
- monthly quality monitoring reports for December 2019 and January 2020
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met.

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 inspections

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 (4) Stated: First time	The registered person shall ensure that medicines are stored securely to prevent unauthorised access.	Met
	Action taken as confirmed during the inspection: The inspector found the treatment room to be locked during the inspection day which ensured that medicines were stored securely to prevent unauthorised access.	

<p>Area for improvement 2</p> <p>Ref: Regulation 12 (1) (a) and (b)</p> <p>Stated: First time</p>	<p>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.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed the care plan for one patient who previously had a wound. (No current patients have a wound). It was noted that the care plan clearly outlined the assessment and treatment plan and had been reviewed by the named nurse.</p> <p>It was noted that care plans had been updated following podiatry/tissue viability assessment.</p> <p>There was evidence that risk assessments had been completed in relation to patients' pain. A monthly wound care audit is completed.</p>	<p>Met</p>
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the assessment and care planning of the identified patient's restrictive practice is more robust and person centred.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed patient assessments and care plans which identified their individual restrictive practice. These records related to bedrails and the use of lap belts. Supplementary records relating to the monitoring the use of bedrails and lap belts had been accurately and contemporaneously maintained.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>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.</p> <hr/> <p>Action taken as confirmed during the inspection:</p> <p>The inspector viewed records of the revised patient care records auditing process. These records verified any shortfalls identified had been noted and action confirmed when addressed was clearly documented.</p>	<p>Met</p>

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13(4) Stated: Second time	The registered person shall review procedures to ensure that all medicines are available for administration as prescribed.	Met
	Action taken as confirmed during the inspection: The inspector confirmed that all medicines prescribed for each patient were available for administration. The manager discussed their reviewed procedure that ensures effective communication by nurses with the GP and pharmacist for delivery of medicines is undertaken in a timely manner.	

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 planned staffing levels for the home were subject to weekly review to ensure the assessed needs of patients were met. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to. The inspector also sought staff opinion on staffing via the online survey; no responses were received.

Patients and their visitors spoken with during the inspection were satisfied with staffing levels in the home. The opinion of patients and patients' visitors on staffing levels were sought via questionnaires; all responses indicated that there was enough staff to help them.

The inspector observed that staff were responsive to patients' needs, assistance was provided in a timely manner and call bells were answered promptly.

Discussions with the manager, staff and a sample of the home's duty rota information viewed indicated that the manager endeavours to ensure that there is at all times the appropriate number of experienced persons available to meet the assessed needs of the patients. The manager indicated that they are in the process of recruiting staff, with two nurses planned to start work by the end of February 2020, and one care assistant. The manager stated that currently they are using agency nursing staff for some night duty shifts to ensure the required staffing levels are maintained.

The home's staff recruitment process was discussed with the manager who was knowledgeable in relation to safe recruitment practices. The manager confirmed that a number of new staff have been appointed in the last year to fill vacant posts. A review of the recruitment records for one staff member confirmed all pre-employment information had been obtained and reviewed in keeping with regulations. Staff spoken with stated they had completed a period of induction and review of records confirmed this process.

There was a system in place to monitor the registration status of registered nurses with the NMC and care staff with NISCC and this clearly identified the registration status of all staff.

Staff confirmed that they received the required mandatory training to ensure they knew how to provide the appropriate care. All staff stated that they felt that their training provided them with the skills and knowledge to effectively care for patients within the home. The manager confirmed that staff compliance with mandatory training was monitored and that the staff were prompted when training was due.

The inspector identified that a number of senior staff had completed training to level 3 on the Mental Capacity Act (Northern Ireland) 2016, Deprivation of Liberty Safeguarding code of practice. The inspector discussed the need for training of all care staff to level 2 in this subject and was provided with satisfactory assurances in relation to the home's plan to address this shortfall in an agreed timeframe.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, and dining room and storage areas. Patients' bedrooms, lounges and dining room were found to be warm, comfortable clean and tidy. Bedrooms were personalised to suit the tastes and preferences of individual patients. In addition, a number of the shared areas were noted to be well decorated, clean and uncluttered.

The inspector saw that fire safety measures were in place to ensure patients, staff and visitors to the home were safe. Fire exits and corridors were observed to be clear of clutter and obstruction.

Staff were observed adhering to infection prevention and control best practice standards throughout the inspection. Gloves and aprons were readily available to staff and used appropriately while they were attending to patients' needs. The provision and use of handwashing facilities throughout the home was observed to be consistently utilised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, adult safeguarding and infection prevention and control.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

The inspector observed the daily routine and the care given to patients in the home and was satisfied that patients received the right care at the right time.

Staff confirmed they received a handover when they came on duty which provided them with an update on the patients' care needs and any changes to these. Staff spoken with were knowledgeable about the patients' care needs and confirmed that these were regularly reviewed to determine the effectiveness of care delivered and if the patients' needs had changed.

Discussions with staff, patients and relatives, along with observations made demonstrated that staff had a good understanding of the individual assessed needs of patients. Staff could describe the importance of respecting patients' personal preferences and choices and in supporting them to make choices.

Review of two patient's care records evidenced that registered nurses assessed, planned, implemented and reviewed care in accordance with NMC guidelines. A range of risk assessments had been completed to inform care planning for the individual patients. There was evidence that the care planning process included input from the patient and their representative. There was evidence of regular communication with representatives within the care records.

There was evidence of referrals having been made to relevant health care professionals, such as the dietician or speech and language therapist (SALT), where necessary. Patients' care plans included recommendations from the dietician and SALT that were regularly reviewed and shared with catering staff.

Feedback from patients and a relative included the following comments:

- "I like it here, it is the staff that make it great."
- "I like my own company. And the staff respect my choices."
- "We are very happy with the care provided. The care and attention is very good, the nurses are on the ball and keep the family updated with any changes or problems. I visit every day and am always welcomed."

Staff were observed engaging with patients and visitors in an open and friendly manner throughout the day. Those unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff. The inspector noted that call bells were answered promptly.

Staff comments received included:

- "The care is good. Our residents' choices are respected. I enjoy working here."
- "Team work here is very good. I find the job rewarding. We get lots of training to be able to do our job and can ask for other subjects."
- "It can be very busy sometimes, especially if someone phones in sick at short notice, but we make sure it doesn't affect our residents."

The inspector observed the serving of lunch in the dining room. The patients' menu choices had been sought in advance. The cook described the communication with patients, staff and the kitchen as very effective, they have particular patients who have different meal requests every day to be prepared. Patients were offered clothing protectors and staff were wearing aprons. A nurse was overseeing the meal and the atmosphere was calm, unhurried and relaxed. Patients were offered a selection of drinks throughout the meal time. Staff demonstrated their knowledge of how to thicken fluids if necessary and which patients required a modified diet. The food smelled appetising and was well presented. It was obvious that staff were aware of individual patients' likes and dislikes. Staff assisted patients as required and independent eating was encouraged with lots of friendly conversations heard during the mealtime.

Patients spoken with expressed their satisfaction with the quality and variety of food provided in the home. One patient commented;

- “The food is very good, I like everything I get, but I don’t have much of an appetite now as I had a big breakfast. They know exactly what food I like to eat.”

A record of patients' food and fluid intake was maintained; records reviewed were up to date. The inspector noted that in mid-morning and mid-afternoon, patients were offered a range of hot and cold beverages and a selection of cakes and biscuits.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, referral to other healthcare professionals and the meal time experience.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

The inspector spoke with three patients about their experience of living in Glenkeen House Nursing Home.

Patients were complimentary about life in the home; they commented:

- “I am happy enough living here, my family visit regularly.”
- “Living here is good.”

Relatives spoken with during the inspection commented:

- “The home is good and xxx gets all the help and care she needs.”
- “The staff are so good. The staff are caring, we visit every day and see how well they know mother and her wee ways. Never had any problems, family could speak to any of the nurses or the manager if we ever had any problems and am sure it would be sorted out immediately.”
- “My relative prefers to spend her time in her room and staff pop in and out frequently to check she is ok and have a chat.”
- “The care here is outstanding, this is the only home in the area we would consider for our mother to live in. We are delighted with the care we see being provided and how quickly the staff keep us updated with any change.”
- “I have only praise for the manners of all staff and how they engage with and encourage each resident, as individuals, to make choices.”

Observation of care delivery evidenced that staff treated patients with dignity and respect. The inspector observed that staff knocked on bedroom and bathroom doors before entering and ensured doors were closed when delivering care to preserve patients’ privacy. Staff stated that “we get to know the patients very well.”

Patients spoken with said that if they had a concern they knew whom to talk to and they felt listened to by staff in the home. Staff could describe their responsibility in relation to reporting poor practice and had awareness of the home’s policy and procedure with regard to whistleblowing.

A number of compliments were noted and logged that had been received by the home. Examples included:

- “Thank you for all the care you gave to my mother during her stay. She was settled and happy and that was our main concern when she went in to care, and you all helped make that happen.”
- “Sincere thanks for all you do to keep residents happy, comfy and healthy. Your skill and dedication is much appreciated. It is not always easy for your staff; however, it is a lifeline for our family so many thanks.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas for improvement

No areas for improvement were identified during the inspection.

	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.

There have been no changes in management arrangements since the last inspection. A review of the duty rota evidenced that the manager's hours and the capacity in which these were worked were clearly recorded.

The certificate of registration issued by RQIA was displayed in the entrance hall of the home. Discussions with staff and observations confirmed that the home was operating within the categories of care registered.

Review of a selection of governance audits evidenced that systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home and to ensure action was taken as a result of any deficits identified to drive quality improvement. Audits were completed to review areas such as accidents/incidents, falls, infection prevention and control, complaints and medication records and care plans.

Discussions with the manager and review of records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that details of incidents are audited monthly as part of the quality monitoring process; this assists in highlighting trends and risks, and identifying areas for improvement.

The inspector reviewed the homes policies and procedures on adult safeguarding and restraint. It was discussed with the manager the need for these policies and procedures to be reviewed to incorporate the Mental Capacity Act (Northern Ireland) 2016, Deprivation of Liberty Safeguarding code of practice which came into effect 1 December 2019 in Northern Ireland. This is an area for improvement identified during inspection.

A review of adult safeguarding information and discussions with the manager provided evidence that previous referrals made in relation to adult safeguarding had been managed in accordance with the homes policy and procedures. Adult safeguarding matters/referrals are reviewed as part of the monthly quality monitoring process. Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns.

There was also a system in place to ensure complaints were managed appropriately. The inspector reviewed records of complaints received since the last inspection and found they had been investigated and managed appropriately.

Monthly quality monitoring reports were reviewed for December 2019 and January 2020. These reports had been completed by the organisations quality monitoring officer and were appropriately detailed in line with legislation. It was identified that an action plan is generated to address any area for improvement. The records indicated engagement with staff, patients, and where appropriate their representatives and other professionals. Reports viewed were noted to include details of the review of the previous action plan, review of staffing arrangements, accidents/incidents, adult safeguarding matters, dependency levels, care records,

environmental matters and complaints. The inspector discussed the need for this report template to be reviewed to include a section or prompt regarding any patients Deprivation of Liberty Safeguarding decisions in place to be monitored.

Discussions with staff evidenced that they felt there were good working relationships within the home and they felt supported in their role.

Comments included:

- “It’s good here; the training is good and the nurses and manager are very approachable. I would be happy for any of my own family to live here when the time comes.”
- “The teamwork and support is very good. We can raise ideas or issues and these do get listened to by the manager. I would definitely report any concerns as some residents can’t speak for themselves.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

The following area was identified for improvement in relation to the policies and procedures on adult safeguarding and restraint. These are to be reviewed to incorporate the Mental Capacity Act (Northern Ireland) 2016, Deprivation of Liberty Safeguarding Code of Practice.

	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, 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 Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015

<p>Area for improvement 1</p> <p>Ref: Standard 36 (1) and (2)</p> <p>Stated: First time</p> <p>To be completed by: 21 March 2020</p>	<p>The registered person shall ensure that:</p> <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. <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The policies and procedures of the home remain in accordance with statutory requirements. The P&P's are available on a central server which is accessed by staff. These are kept up to date and ammended as required following learning events or updates of legislation etc.</p> <p>The P&P's are in line with current best practice and are in many cases under regular review.</p>

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



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