

# Inspection Report

13 July 2021



## Glenkeen House

Type of Service: Nursing Home  
Address: 100 Glenkeen Church Road,  
Randalstown, BT41 3JX  
Tel no: 028 9447 9794

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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> Hutchinson Homes Ltd  <b>Responsible Individual:</b> Ms Naomi Carey Mrs Janet Montgomery	<b>Registered Manager:</b> Mrs Jacqueline Elizabeth McShane  <b>Date registered:</b> 1 April 2005
<b>Person in charge at the time of inspection:</b> Ms Michelle McCrum – Deputy manager	<b>Number of registered places:</b> 40 The home is approved to provide care on a day basis to 5 persons.
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category PH – Physical disability other than sensory impairment.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 25
<b>Brief description of the accommodation/how the service operates:</b>  This is a registered Nursing Home which provides care for up to 40 persons. Patient bedrooms are located over two floors. Patients have access to communal lounges, a dining room and a garden.	

## 2.0 Inspection summary

An unannounced inspection took place on 13 July 2021 from 9.10am to 5.00pm by a care inspector.

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.

Areas requiring improvement were identified in relation to record keeping, the duty rota, communication and one environmental aspect. An area for improvement in relation to infection control has been stated for the second time.

Patients said that living in the home was a good experience and talked about the choices they had in how to spend their day. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA were assured that the delivery of care and service provided in Glenkeen was safe and compassionate and that the home was well led. Addressing the areas for improvement will further enhance the effectiveness of quality of care and services in Glenkeen.

The findings of this report will provide the manager 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 they were 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 this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

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.

Questionnaires and 'Tell Us' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

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

The findings of the inspection were discussed with Michelle McCrum, Deputy Manager, at the conclusion of the inspection.

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

Ten patients, six staff and one visiting professional was consulted during the inspection. Patients spoke positively on the care that they received and with their interactions with staff describing staff as lovely and friendly. Patients also complimented the food provision in the home and the activities provided.

Staff were confident that they worked well together and enjoyed working in the home and interacting with the patients. One staff quoted, "It's good here; work can be stressful at times but I love it". The visiting professional confirmed that they found the staff easy to talk to; knowledgeable about the patients in their care and that staff would follow any instructions left in relation to patient care.

There were no questionnaire responses received or any responses from the online survey.

## 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 23 February 2021		
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 13(7) <b>Stated:</b> First time	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.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> All staff were bare below the elbow, however, we identified an issue with the use of PPE.	
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 11.1 <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An activity programme was on display. The provision of activities will be discussed further in section 5.2.4.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Staff were recruited safely ensuring all pre-employment checks had been completed and verified prior to the staff member commencing in post.

There were systems in place to ensure staff were trained and supported to do their job.

For example, staff received regular training in a range of topics such as infection prevention and control (IPC), patient moving and handling and fire safety. All staff consulted were satisfied with the training provision in the home. A system was in place to ensure that staff completed their training.

All staff were provided with a comprehensive induction programme at the commencement of their employment to prepare them for working with the patients. Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

Staff said there was good teamwork in the home and that they felt well supported in their role. The duty rota identified the nurse in charge when the manager was not on duty and accurately reflected the staff working in the home on a daily basis. However, staffs' first and surnames and the designation which they worked under was not always recorded. This was discussed with the manager and identified as an area for improvement. Staff told us that there was enough staff on duty to meet the needs of the patients and that they were satisfied with the levels of communication between staff and management.

Patients spoke highly on the care that they received and confirmed that staff attended to them when they needed them and that they would have no issues on raising any concerns that they may have to staff. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through these interactions that the staff and patients knew one another well and were comfortable in each other's' company.

### 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Care assistants raised a concern on the level of the information shared with them; especially when they were returning to the home from a period away such as annual leave. This was discussed with the manager and identified as an area for improvement.

Staff were knowledgeable of patients' needs, their daily routine, wishes and preferences. A diary was maintained to ensure important daily activities were not missed such as blood tests or appointments. Staff confirmed the importance of keeping one another up to date with any changing needs in patients' care throughout the day.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner and by offering personal care to patients discreetly. This was good practice. Staff were observed to be prompt in recognising patients' needs and any early signs of distress, especially in those patients who had difficulty in making their wishes known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to their needs.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. A record of repositioning had been maintained and included evidence of skin checks on repositioning.

A review of two patients' care records, who had recently been reviewed by other health professionals, evidenced that the patients' care plans had not been updated to reflect the recommendations of the health professionals. This was discussed with the manager and identified as an area for improvement.

Two patients assessed as at high/moderate risk of falls did not have dedicated falls care plans to guide staff in how to manage this area of care. This was discussed with the manager and identified as an area for improvement.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, alarm mats, tag monitors and/or bed rails. Review of patient records and discussion with the manager and staff confirmed that the correct procedures had been followed when these had been implemented. The use of restraint was monitored in the home on a monthly basis.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this could include simple encouragement through to full assistance from staff. The mealtime was a pleasant and unhurried experience for the patients. The food served was attractively presented and smelled appetising and portions were generous.

Food transferred from the dining room had not been covered on transfer. This was discussed with the manager who agreed to address this. There was a variety of drinks available served with meals. Staff attended to patients in a caring and compassionate manner. Patients spoke positively in relation to the food provision in the home.

Nutritional risk assessments were carried out monthly using the Malnutrition Universal Screening Tool (MUST). A MUST assessment for a patient who had significant weight loss had been scored incorrectly. This was discussed with the manager and identified as an area for improvement. The patient did not come to any harm as a result of this gap in record keeping and had been appropriately referred to dieticians and monitored by dieticians. Food and fluid intake records had been maintained well and formed part of the patient's daily evaluation record. However, an incorrect MUST score may not prompt the appropriate response.

Patients' individual likes and preferences were reflected throughout the records. 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, storage spaces and communal areas such as lounges and bathrooms. The home was warm, clean and comfortable. There were no malodours detected in the home. Compliance with best practice in infection prevention and control had improved since the last care inspection, although, while PPE was worn appropriately during care delivery, noncompliance was observed during environmental cleaning. An area for improvement in this regard has been stated for the second time. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. Fire extinguishers were easily accessible.

Patients' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated and suitably furnished. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients and staff. No patients in the home had tested positive for COVID-19 since the pandemic commenced.

All visitors to the home had a temperature check and symptom checks when they arrived at the home. They were also required to wear personal protective equipment (PPE). Visits were by appointment only.

Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures and the use of PPE had been provided. Signage promoting effective hand hygiene and safe use of PPE was displayed throughout the home. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

#### **5.2.4 Quality of Life for Patients**

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV. Patients confirmed that they could remain in their bedroom or go to a communal room when they requested.

Patients spoke positively on the activity provision in the home. During the inspection 11 patients were watching a church service while a second group of patients were observed enjoying exercises in another part of the home. Other activities included arts and crafts, baking, music, bingo, games, aromatherapy and other spa treatments. The activity provision included group activities and one to one activity for those who did not wish to or could not engage in the group activities. Each patient had an individual activity involvement record maintained to ensure that all patients who wished to could engage with activities in the home.

Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

#### **5.2.5 Management and Governance Arrangements**

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 has been no change in the management of the home since the last inspection. Mrs Jacqueline McShane has been the registered manager in this home prior to April 2005.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. However, given the findings of this inspection, particularly in relation to record keeping, an area for improvement was identified to ensure the effectiveness of the care record audit in reviewing the content and details as identified in Section 5.2.2.

It was noted that patients and their relatives were provided with written information on how to raise a concern or complaint about care or any service they received in the home.

A complaints file was maintained and evidenced detail of any investigations into complaints made and the corresponding actions. Cards and compliments were displayed on a noticeboard and a compliments book was maintained including thank you cards, emails of appreciation and written records of compliments received. Compliments were shared with staff.

Staff commented positively about the manager and the management team and staff felt that managers would listen to them if they had any concerns. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

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

Review of staff training records confirmed that all staff were required to complete adult safeguarding training on an annual basis. Staff told us they were confident about reporting any concerns about patients' safety. Staff were aware of who to report their concerns to and who to escalate their concern to if they felt that this was required.

## 6.0 Conclusion

Patients spoke positively on living in the home. They were afforded choice on how to spend their day and staff supported patients with their choices. Staff were knowledgeable in relation to each patient's individual needs and care was provided in a caring and compassionate manner. Patients' bedrooms were personalised with their own belongings and communal living areas were maintained clean and tidy. There was evidence of good working relationships between staff and management.

Based on the inspection findings seven areas for improvement were identified. Five were in relation to effective care; one in relation to safe care and one was in relation to the service being well led – details can be found in the Quality Improvement Plan below.

## 7.0 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 the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1*	6

\*The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms Michelle McCrum, Deputy Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.



<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13(7)  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	<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: 5.1 and 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            All staff are aware of the guidelines in relation to use of PPE within the home, this has been reiterated with the housekeepers and this will be closely monitored to ensure compliance. Infection control audits will continue to be carried out to ensure all staff are aware and are adhering to infection control measures</p>
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 41  <b>Stated:</b> First time  <b>To be completed by:</b> 13 August 2021	<p>The registered person shall ensure that the staff duty rota includes the first and surnames of all staff working in the home and also the designation in which they worked.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>            The staff duty has been updated to ensure that all staff's first and surnames are recorded and also the designation in which they work has been included</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 41  <b>Stated:</b> First time  <b>To be completed by:</b> 31 August 2021	<p>The registered person shall review the quality of information provided to care assistants in the home during shift handover time to ensure that they receive a sufficient level of detail to assist them in meeting their roles in the home and provide safe care.</p> <p>Ref: 5.2.2</p>

	<p><b>Response by registered person detailing the actions taken:</b> Presently a handover sheet is completed daily and all changes in relation to the wellbeing of the residents is recorded and any other significant changes Staff are to report 15 minutes before their shift commences to ensure that they receive a verbal handover, the handover sheet will still be completed daily</p>
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<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 4 Criteria (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2021</p>	<p>The registered person shall ensure that patients' care plans are updated to reflect the recommendations of other health professionals involved in the patient's care.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> All resident's care plans will be monitored to ensure any recommendations in relation to changing of wounds is reflective of daily practice. All wounds will be photographed monthly to ensure that they are current and reflect the wound as it is presently</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 22 Criteria (5)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2021</p>	<p>The registered person shall ensure that when a patient is assessed at risk of falls, a dedicated falls care plan is developed to direct staff in the management of the risk.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> All resident's assessments will be reflective in their care plans and will include care plans to indicate if they are at risk of falls or any other risk identified All resident that requires the use of a buzzer mat this will be documented in their personalised care plan</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 31 August 2021</p>	<p>The registered person shall ensure that MUST assessments are accurately scored.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> Staff have been informed of how to correctly score the MUST Assessment and be aware of what 5% weight loss indicates in relation to the BMI so that this will trigger any residents that may be at risk and not be missed. This will be closely monitored each month when the care plan audit is being carried out. Also aware that care plan must reflect all assessments</p>

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall review the audit tool in use to monitor patients' care records to ensure the effectiveness of the quality assurance.</p> <p>Ref: 5.2.5</p>
<p><b>To be completed by:</b> 31 August 2021</p>	<p><b>Response by registered person detailing the actions taken:</b> Care plan audits are carried out monthly and the above will be closely monitored each month to ensure all risk assessments are reflective in all resident's individual care plans</p>

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



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