The Regulation and Quality Improvement Authority

Inspection Report

14 January 2022

Glenkeen House

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

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Organisation/Registered Provider: Hutchinson Homes Ltd **Responsible Individuals:** Ms Naomi Carey Mrs Janet Montgomery	**Registered Manager:** Mrs Jacqueline Elizabeth McShane **Date registered:** 1 April 2005
Person in charge at the time of inspection: Ms Michelle McCrum – Deputy Manager	**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:** 29
Brief description of the accommodation/how the service operates: This is a registered nursing home registered to care for up to 40 patients. Patients' bedrooms are located over two floors and patients have access to communal dayrooms and dining rooms.	

2.0 Inspection summary

An unannounced inspection took place on 14 January 2022 from 10.10am to 4.40pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection.

The following areas were examined during the inspection:

- staffing arrangements
- environment
- infection prevention and control
- care delivery and record keeping.

Patients were well presented in their appearance and spoke positively when describing their experiences on living in the home.

Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from patients and staff are included in the main body of this report.

The findings of this report will provide the manager with the necessary information to assist them to fulfil their responsibilities, enhance practice and 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 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.

The findings of the inspection were discussed with the deputy manager at the conclusion of the inspection.

4.0 What people told us about the service

During the inspection we spoke with seven patients, seven staff and one relative. Patients spoke positively of the care that they received and on their interactions with staff describing staff as 'lovely, friendly and very good'. Patients told us that they were happy and enjoyed living in the home. Staff confirmed that they enjoyed working in the home and engaging with the patients. Staff confirmed that while morale was normally good in the home, the work could be stressful at times and emotional; especially relating to the COVID – 19 pandemic. The relative spoke highly of the care delivery in the home and complimented the staff on the care which they delivered. There were no questionnaire responses or any feedback from the staff online survey received.

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 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(7) **Stated:** Second 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.	**Met**
	Action taken as confirmed during the inspection: Staff were observed to wear personal protective equipment at the appropriate times and no staff were observed wearing jewellery around their wrists.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		**Validation of compliance**
Area for improvement 1 **Ref:** Standard 41 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: Staffs' first and surnames were written in full within the duty rota along with their designations within the home.	
Area for improvement 2 **Ref:** Standard 41 **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: Discussion with care assistants evidenced that this area for improvement has now been met.	

Area for improvement 3 **Ref:** Standard 4 Criteria (4) **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	
Area for improvement 4 **Ref:** Standard 22 Criteria (5) **Stated:** First time	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.	**Met**
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	
Area for improvement 5 **Ref:** Standard 12 **Stated:** First time	The registered person shall ensure that MUST assessments are accurately scored.	**Partially met**
	Action taken as confirmed during the inspection: This area for improvement has not been fully met and this will be discussed further in section 5.2.4. This area for improvement has not been fully met and will be stated for the second time.	
Area for improvement 6 **Ref:** Standard 35 **Stated:** First time	The registered person shall review the audit tool in use to monitor patients' care records to ensure the effectiveness of the quality assurance.	**Met**
	Action taken as confirmed during the inspection: The audit tool in use had been reviewed.	

5.2 Inspection findings

5.2.1 Staffing arrangements

Patients' needs were observed to be met in a timely manner during the inspection with the staffing level and skill mix of staff on duty. Staff consulted during the inspection raised no concerns in regards to the planned staffing arrangements, though, confirmed that staffing can be affected by unplanned short term sick leave when replacement staff could not be achieved. The manager confirmed the arrangements in place when staff ring in sick.

Supernumerary hours, hours in which staff are not included within the planned staffing levels, were allocated to newly employed staff as part of their induction to enable the staff member to become more familiar with the home's policies and procedures.

Care assistants confirmed that the information shared with them at shift handover had greatly improved since the last inspection. Staff attended the handover and additional resources were available for staff to reference when, for example, there had been a change in patients' care or a new patient had been admitted.

The duty rota accurately reflected staffs' working hours and the capacity in which these hours were worked. The nurse in charge of the home, in the absence of the manager, was identified on the duty rota. Patients raised no concerns in respect of the staffing arrangements and spoke highly of the care that they received and of the staff who were providing the care.

5.2.2 Environment

The home was warm, clean and comfortable. There were no malodours detected in the home. Environmental audits had been completed and a review of the premises formed part of the provider's monthly monitoring visit.

Fire safety had been well maintained to ensure that patients, staff and those that visit the home were kept safe. Corridors and fire exits were kept clear and free from any obstructions. Fire extinguishers were found to be easily accessible.

Patients' bedrooms were clean and tidy and had been personalised with items important to them. Doors leading to rooms containing hazards to patients were locked to ensure patients' safety. Communal living areas had been maintained clean and tidy.

5.2.3 Infection prevention and control

On entry to the home we had our temperature checked and completed a declaration form to ensure that we were not experiencing any symptoms of Covid – 19 or had been in close contact with anyone who was potentially positive with Covid – 19.

There was signage throughout the home on how to don (put on) and doff (take off) personal protective equipment (PPE). All staff confirmed that training had been provided on infection prevention and control (IPC) procedures and training records evidenced that all staff had attended recent IPC training. Staff use of PPE had been audited to ensure that staff were compliant in its use. Audits had also been conducted on hand hygiene. Staff were observed wearing PPE at the appropriate times, however, a discussion with staff evidenced a deficit in knowledge when describing the doffing of PPE. This was discussed with the manager and identified as an area for improvement.

In addition to PPE and hand hygiene audits, there was evidence that general infection prevention and control audits had been conducted on a monthly basis to ensure compliance with best practice on environmental aspects of IPC.

5.2.4 Care delivery and record keeping

Patients were positive when speaking of living in Glenkeen. Those who could not verbally communicate were observed to be relaxed in their environment. Patients could choose where to sit or spend their day and staff supported patients in their decisions. Patients confirmed that they could choose their own food preferences at mealtimes and those who could would pick which of their own clothes to wear during the day. Staff were observed interacting with all patients in a caring and compassionate manner.

Patients' nutritional assessments had been reviewed on a monthly basis using the Malnutrition Universal Screening Tool (MUST). Four patients' MUST assessments were reviewed and three of the four had been scored correctly. One had been incorrectly scored. This was discussed with the manager and an area for improvement made in this regard at the previous care inspection has now been stated for the second time. The patient had been referred to dieticians in October 2021. Information sent to RQIA following the inspection confirmed that a further referral has been made to the dieticians and to the patient's GP.

Staff were able to demonstrate the actions to take when a health professional, such as a speech and language therapist, changed the plan of care for a patient. Staff were aware of the importance of communicating the change to all relevant persons and ensuring that all the correct documentation had been updated. Staff felt that they communicated well with one another. Records of the outcomes of health professionals' visits were maintained in patients' care records.

Falls risk assessments were completed for patients when they were admitted to the home and reviewed on a monthly basis. When a risk of falls was identified, a dedicated falls care plan was developed to identify measures in minimising the risk as much as possible. An area for improvement in this regard has now been met. Falls in the home were reviewed on a monthly basis to identify if any patterns or trends were emerging which could be counteracted. The number of falls in the home was low.

The care plan audit tool in use had been reviewed and captured the areas for improvement identified at the previous inspection. Further ways of enhancing the robustness of the auditing tool were discussed with the manager for their consideration.

Registered nurses demonstrated good knowledge on the use of oxygen therapy and advised on the daily checks necessary for safe delivery and the actions to take if any issues arose.

6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (April 2015).

	Regulations	Standards
Total number of Areas for Improvement	1	1*

* 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 Michelle McCrum, Deputy Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (7) **Stated:** First time **To be completed by:** 14 February 2022	The registered person shall ensure that all staff in the home don and doff PPE in accordance with regional guidelines. Ref: 5.2.3
	Response by registered person detailing the actions taken: PPE stations are widely available throughout the home, stocked with PPE, posters of Donning and Dopping of PPE for Droplet Precautions for Covid 19 are displayed at each station PPE competancy validation audits have been updated to reflect the regional guidelines and weekly audits are carried out to ensure staff are competent and are adhering to the regional guidelines
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)	
Area for improvement 1 **Ref:** Standard 12 **Stated:** Second time **To be completed by:** 14 February 2022	The registered person shall ensure that MUST assessments are accurately scored. Ref: 5.1 and 5.2.4
	Response by registered person detailing the actions taken: MUST assessments will continue to be carried out monthly, staff have been updated regarding the accuracy of the MUST scoring and the referral to dietician where weight loss is evident regardless if the BMI is stable and to record the date of referral and response from dietician. Monthly audits will also be carried out by manager/deputy manager whereby all resident's weights will be monitored monthly and any weight loss will be highlighted, ensuring the proper referral procedure is adhered to

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

The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
@RQIANews

Assurance, Challenge and Improvement in Health and Social Care