

Unannounced Care Inspection Report 18 January 2021



Glendun Nursing Home

Type of Service: Nursing Home (NH)

Address: 67 Knocknacarry Road, Cushendun, BT44 0NS

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

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

1.0 What we look for



2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 30 persons. There is a residential home in the same building which is registered to provide residential care for up to 16 residents.

3.0 Service details

Organisation/Registered Provider: Glendun Nursing Home Ltd Responsible Individual(s): Mr David Leo Morgan	Registered Manager and date registered: Mrs Katrina Mary O'Hara 21 December 2018
Person in charge at the time of inspection: Mrs Katrina Mary O'Hara	Number of registered places: 30
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: 24

4.0 Inspection summary

An unannounced inspection took place on 18 January 2021 from 10.40 hours to 16.40 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- environment/infection prevention and control (IPC) measures
- leadership and governance.

Patients said they were happy living in the home. Examples of their comments are included in the main body of the 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.

The term 'patients' is used to describe those living in Glendun Nursing Home which provides both nursing and residential care.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	*3

*The total number of areas for improvement includes one under the care standards which has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Katrina Mary O'Hara, manager, David Leo Morgan, responsible individual, and Claire Burke, nurse in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 18 residents and patients and five staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the deputy manager with 'Tell Us' cards for distribution to patients' relatives not present on the day of inspection to give an opportunity to give feedback to RQIA regarding the quality of service provision. No questionnaires were returned at the time of writing this report.

The following records were examined during the inspection:

- Staff duty rota for the weeks commencing 11 January 2021 and 18 January 2021
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- care records for three patients
- accident and incident reports
- two staff recruitment and induction files
- record of complaints and compliments
- records of audit
- adult safeguarding policy
- environmental and equipment cleaning records
- staff supervision planner
- monthly monitoring reports for the period August 2020 to December 2020.

Areas for improvement identified at the last care inspection were reviewed and an assessment of compliance recorded as partially 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 care inspection 2 March 2020

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 36 (1) Stated: First time	The registered person shall ensure that the homes policies and procedures on adult safeguarding and restraint are in accordance with the statutory requirements, are evidence-based and in line with the current best practice as defined by professional bodies and national standard setting organisations. Ref: 6.6	Partially met
	Action taken as confirmed during the inspection: Review of the adult safeguarding policy evidenced it had been reviewed in June 2020 and was reflective of appropriate adult safeguarding terminology. However, it did not incorporate the Mental Capacity Act (Northern Ireland) 2016, Deprivation of Liberty Safeguarding Code of Practice, including restraint.	
	This area for improvement has been partially met and has been stated for a second time.	

6.2 Inspection findings

6.2.1 Staffing

Discussion with the manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. The manager confirmed they had recently recruited an additional two nurses.

A review of the staffing rota for weeks commencing 11 January 2021 and 18 January 2021 evidenced that the planned staffing levels were adhered to. The staff duty rota did not include the full names of staff working in the home and we were unable to evidence that changes to the rota had been approved and signed off by management. An area for improvement was made.

Review of two staff recruitment files identified deficits in relation to staff recruitment. Although both files had an employment history, they did not include start and finish dates. In addition, gaps in employment were not fully explored and recorded. An area for improvement was made.

Review of records confirmed systems were in place to monitor staffs' registrations with their relevant professional bodies.

Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty. Patients and care staff we spoke with expressed no concerns regarding staffing levels in the home.

Staff were positive about their experience working in the home. Specific comments from staff included:

- "We do work well as a team we have enough time with patients, we can do things like their hair. "
- "We know the patients miss their family and friends but we all try and keep their spirits up, with activities like bingo, quizzes or singalongs. "
- "They (residents) want for nothing. Claire (nurse in charge) is amazing. We are kept up to date and well informed about any changes. "
- "They (residents) seem to be happy and we try our best to keep them happy. We help them whatever way we can. "

Patients told us the following:

- "It couldn't be any better here. We have great banter with the staff. "
- "The food is beautiful. "
- "We have all we need. "
- "I get my newspaper brought to me every morning. "
- "I like to sit here and enjoy the view. "

We provided questionnaires in an attempt to gain the views of relatives, patients and staff who were not available during the inspection; unfortunately none were returned.

6.2.2. Care delivery

Patients looked well cared for and it was clear that staff had supported patients to maintain their personal care and appearance to a high standard.

Patients looked comfortable and relaxed throughout the inspection. Patients could choose whether to spend time in one of the lounges or in their bedroom. Seating in the lounges had been arranged to facilitate social distancing while enabling patients to sit with their friends. Patients enjoyed chatting with each other, listening to Daniel O'Donnell, reading the newspaper, sleeping or watching television.

Patients were positive about their experiences living in the home and no concerns were reported during the inspection. Patients who preferred not to speak with us were smiling and appeared content. Specific comments from patients included:

- "It couldn't be any better here. We have great banter with the staff. "
- "The food is beautiful. "
- "We have all we need. "
- "I get my newspaper brought to me every morning. "
- "I like to sit here and enjoy the view. "

Staff were visible and attentive throughout the inspection, and attended to patients' needs' in a timely, kind and friendly manner. We saw staff treat patients with dignity and respect, by offering choice and encouraging independence where possible, for example when mobilising or eating.

The dining experience was a well organised and unhurried experience for patients. Patients enjoyed their meal either in the dining room, lounges or in their bedrooms, depending on their preference and in line with the need to maintain social distancing. The food looked and smelled appetizing. Patients had a choice of lentil and bacon soup and a sandwich or wheaten bread with ham, cheese and tomato salad. Both options looked fresh, healthy and nutritious and appropriate portions were served. A choice of hot and cold drinks were offered, and patients were offered alternatives or extra portions as necessary. Patients told us they enjoyed their meal and the food served in the home.

We discussed the visiting arrangements in place during the current pandemic. The home used the sun room for this, where social distancing could be maintained. Visitors used a separate entrance and not need to walk through the home, had their temperatures taken and declared they were symptom free. There was ample PPE and hand sanitiser also available. Management advised that due to the current high rate of community transmission, Patients and their relatives had agreed to again temporarily cease visits. Video calling was facilitated with patients depending on their preferences. The home were developing their care partner policy and procedure; no care partners were currently identified.

6.2.3 Care records

A range of assessments, to identify each patient's needs, were completed on admission to the home; from these assessments care plans to direct the care and interventions required were produced. Other healthcare professionals, for example speech and language therapists (SALT) and dieticians also completed assessments as required. The outcomes of these assessments were available in the patients' notes.

Care records for a recently admitted patient with multiple care needs had not been developed to guide the staff in the delivery of daily care needs. Whilst there were records of assessment of patient need and associated risk assessments the care plans need to be improved to guide staff on a daily basis. An area for improvement was made. The manager confirmed prior to the end of the inspection that the care records had been updated.

We reviewed patients' needs in relation to wound prevention and care. Records confirmed that the wound was dressed in keeping with the care plan instructions. A wound assessment and a meaningful evaluation were completed every time the wound was redressed.

We examined the management of patients who had falls. Review of one unwitnessed fall evidenced appropriate actions were consistently taken following the fall in keeping with best practice guidance.

Deficits in record keeping were identified during review of care records. These were discussed with the manager for action as required. This is discussed further in 6.2.5.

6.2.4 Environment / infection prevention and control (IPC) measures

On arrival to the home we were met by a member of staff who recorded our temperature; hand sanitiser and personal protective equipment (PPE) were readily available. Signage had been placed at the entrance to the home which provided advice and information about Covid-19.

We found that there was an adequate supply of PPE and no issues were raised by staff regarding the supply and availability of PPE. Staff spoken with were knowledgeable of the correct use of PPE, wore face masks appropriately and were observed applying and removing PPE; and were appropriate with their use of hand sanitising gel and hand washing. There were numerous posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE. We asked the manager to ensure all signage was laminated to allow for effective cleaning. We suggested an audit of hand hygiene and use of PPE should be implemented within the home to evidence good compliance with best practice. The manager agreed to implement this.

The home was clean, tidy and well ventilated. Staff confirmed that enhanced cleaning arrangements were in place and included a daily schedule for the cleaning of touchpoints such as door handles, light switches and hand rails. Staff also confirmed that bedrooms where patients were self-isolating were cleaned last.

IPC deficits were identified during the inspection in relation to equipment cleaning, waste management and the availability of hand towels in the staff toilet. We also identified a chair in the reception area of the home that required recovering or replacing. These were discussed with the manager who agreed to action these as required. This will be reviewed at a future care inspection.

During review of the environment we noted the hairdressing room had been located to a bathroom within the home. This was discussed with the responsible individual and the aligned estates inspector post inspection. We agreed to this temporary arrangement and the responsible individual gave assurances that the room would be repurposed for hairdressing activities only. The responsible individual shall notify RQIA once the hairdressing room has been relocated to its original location.

6.2.5 Leadership and governance

Prior to the inspection, the home had advised RQIA of potential changes to the number of registered places in the home. However no variation application had been received. This was discussed with the responsible individual who agreed to review and submit this application within the week to bring the home into compliance with Regulation.

There was a clear management structure within the home and the manager was available throughout the inspection process. The manager retained oversight of the home and was supported by senior nursing staff. Staff described management as supportive and approachable; “(if any issues) things get addressed quickly. ”

We looked at the records of accidents and incidents which occurred in the home; we found that these were managed appropriately. Compliments were also retained by the home, and included:

- “Thank you all for the excellent care you took of (my relative) every time he went in...the care and food is second to none. ”
- “Should I need care, Glendun is my first and only choice. ”
- “We wish to acknowledge the kindness, care and support you give...we particularly appreciated and cherished our visits in the last two weeks of (our relative’s) life. ”

We reviewed records which confirmed that there was a system of audits which covered areas such as equipment cleaning, infections, wounds, falls, complaints and care records. These audits were designed to ensure that the manager had full oversight of all necessary areas. Although audits were completed, inconsistencies were identified in completion of the monthly audits. The care records audit did not identify the deficits in record keeping and gaps in completion of some of the care plans. Review of records evidenced three care plans were audited in November 2020 although there were no records available to evidence further audit activity. Despite the ongoing pandemic there was no evidence that hand hygiene/PPE audits were completed within the home. This was discussed with the registered manager who agreed to review the audit processes. The registered manager should focus on care records, hand hygiene and PPE audits to ensure the analysis is meaningful and robust, action plans are generated and learning is disseminated. An area for improvement was made.

We examined the reports of the visits by the registered provider from August 2020 to December 2020. These were detailed, and included review of the home’s environment and feedback from patients, staff and relatives. Although deficits were identified within the report, there was no summary or action plan included. This meant that we could not fully evidence that management maintained robust oversight of the required improvements. There was no way to evidence that identified actions were being reviewed and completed between monthly visits. This is important to ensure identified deficits are addressed in a timely manner. An area for improvement was made.

Areas of good practice

Areas of good practice were identified in relation to staffing levels, staff's knowledge, care delivery and the dining experience. There were positive interactions between staff and patients throughout the inspection, and patients looked content and well cared for.

Areas for improvement

New areas for improvement were identified in relation to the staffing rota, staff recruitment, planning of care in a timely manner, audit processes and monthly monitoring reports.

	Regulations	Standards
Total number of areas for improvement	3	2

6.3 Conclusion

The home was clean and tidy. Patients looked well cared for and gave positive feedback about their experiences living in the home, their treatment from staff and the dining experience.

Staff were visible and attentive, and there were cheerful and kind interactions observed throughout the inspection. Management were described as approachable and supportive.

Areas for improvement identified during this inspection are to be managed through the QIP included below.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Katrina Mary O'Hara, manager, David Leo Morgan, responsible individual, and Claire Burke, nurse in charge, 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 21 (1) (b) Stated: First time To be completed by: With immediate effect	The registered person shall ensure employees have a full employment history, including start and finish dates. Any gaps in an employment record must be explored and explanations recorded. Ref: 6.2.1
	Response by registered person detailing the actions taken: Any gaps in employment record will be explored and explanations recorded as per Policy of the Home
Area for improvement 2 Ref: Regulation 16 (1) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that initial care plans are developed for newly admitted patients from day one of admission to guide staff in the immediate delivery of care. The care plans should be further developed within five days of admission, reviewed and updated in response to the changing needs of the patient. Ref: 6.2.3
	Response by registered person detailing the actions taken: A checklist has been incorporated into Home for newly admitted patients to guide staff in the immediate delivery of care and further development of Care Plans
Area for improvement 3 Ref: Regulation 10 (1) Stated: First time To be completed by: With immediate effect	The registered person shall ensure monthly audits are completed in accordance with best practice guidance. Any shortfalls identified should generate an action plan to ensure learning is disseminated and the necessary improvements can be embedded into practice. Particular focus should be made on hand hygiene, personal protective equipment and care record audits. Ref: 6.2.5
	Response by registered person detailing the actions taken: Care records, hand hygiene and use of PPE are systematically audited to ensure they are consistent with the Homes documented Policies and Procedures and action is taken when necessary

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 36 (1) Stated: Second time To be completed by: 28 February 2021	The registered person shall ensure that the homes policies and procedures on adult safeguarding and restraint are in accordance with the statutory requirements, are evidence-based and in line with the current best practice as defined by professional bodies and national standard setting organisations. Ref: 6.1
	Response by registered person detailing the actions taken: The Homes policies and procedures on Adult Safeguarding and restraint have been revised in accordance with the statutory requirements, the evidence based and in line with current best practice as defined by professional bodies and national standard setting organisation
Area for improvement 2 Ref: Standard 41 Stated: First time To be completed by: With immediate effect	The registered person shall ensure the staffing rota includes the first name and surname of each member of staff, actual hours worked and be signed by the registered manager or a designated representative. Ref: 6.2.1
	Response by registered person detailing the actions taken: A full and accurate record is kept of staffing rota including full name of staff member and all changes signed by Manager/Nurse in Charge
Area for improvement 8 Ref: Standard 35.7 Stated: First time To be completed by: With immediate effect	Written records of monthly monitoring reports clearly state any actions taken by the registered person or the registered manager to address any deficits identified. Ref: 6.2.5
	Response by registered person detailing the actions taken: The monthly monitoring reports clearly state any identified deficits and actions taken by the registered home person or registered manager to address them

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



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