

# Inspection Report

11 April 2022



## Glendun Nursing Home

Type of service: Nursing Home  
Address: 67 Knocknacarry Road, Cushendun, BT44 0NS  
Telephone number: 028 2176 1222

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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> Glendun Nursing Home Ltd  <b>Responsible Individual:</b> Mr David Leo Morgan	<b>Registered Manager:</b> Mrs Katrina Mary O'Hara  <b>Date registered:</b> 21 December 2018
<b>Person in charge at the time of inspection:</b> Mrs Katrina Mary O'Hara - Manager	<b>Number of registered places:</b> 31
<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> 30
<b>Brief description of the accommodation/how the service operates:</b>  This home is a registered Nursing Home which provides nursing care for up to 31 patients. The home is divided over two floors and provides communal dining and sitting rooms and bedroom accommodation on both floors.  There is a Residential Care Home which occupies part of the first floor and the Manager for this home manages both services.	

## 2.0 Inspection summary

An unannounced inspection took place on 11 April 2022, from 9.45 am to 5.30 pm by care inspectors.

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.

The home was warm and tidy and residents were enjoying breakfast in the dining room or their own bedrooms.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff were prompt in attending to patients requests and needs in a compassionate way while treating patients with dignity and respect. Staff showed they were knowledgeable regarding individual patients' needs and preferences during mealtimes, activities and personal care.

Areas requiring improvement were identified and are included in the Quality Improvement Plan (QIP) in section 7.0.

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

The findings of this report will provide the management team 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 the management team at the conclusion of the inspection.

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

Eight patients told us they were well looked after, their rooms and clothing was kept "nice and clean" and the food was lovely. One patient said she would prefer to get up earlier in the morning but there were not enough staff around to do this. This was brought to the attention of the manager for her to address.

Two relatives were complimentary about the care and empathy from staff. Relatives said they were “kept up to date” and “I am happy that (relative) is cared for when I am not here”.

Two staff said they were satisfied that patients were looked after and safe in the home. Staff said they felt supported by the manager and were receiving a lot of training.

Two relative questionnaires were received and confirmed that relatives were very satisfied with the level of care and compassion provided by staff in Glendun. One patient questionnaire was received which also confirmed that they were very satisfied that care was safe, effective, compassionate and well-led.

There were no responses received from the online staff survey. A record of compliments received about the home was kept and shared with the staff team.

## 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 16 September 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 21 (1) (b)  <b>Stated:</b> Second time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 16 (1)  <b>Stated:</b> Second time	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.	<b>Partially met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Governance and oversight had not identified that all areas of care plans had not been fully completed following admission and developed within five days. This area for improvement has been subsumed into areas for improvement under the Regulations and Standards.</p>	
<p><b>Area for improvement 3</b> <b>Ref:</b> Regulation 10 (1) <b>Stated:</b> Second time</p>	<p>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.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
<p><b>Area for improvement 4</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time</p>	<p>The registered person shall ensure all part of the home are free from the risk of the spread of infection. This is in relation to an unclean radiator and hoist, an inappropriately stored hoist, mop heads and aprons.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was partially met. Equipment was inappropriately stored in a bathroom and a shower chair required cleaning. This area for improvement has been stated for a second time.</p>	<b>Partially met</b>
<p><b>Area for improvement 5</b> <b>Ref:</b> Regulation 14 (2) (a) <b>Stated:</b> First time</p>	<p>The registered person shall ensure all parts of the home to which patients have access to are free from hazards to their health. This is in relation to access to cleaning chemicals and fluid thickening power.</p>	<b>Partially met</b>

	<p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was partially met. An electricals cupboard was unlocked and provided access to electrical equipment and cleaning chemicals. This area for improvement has been stated for a second time.</p>	
<p><b>Area for improvement 6</b> <b>Ref:</b> Regulation 29 <b>Stated:</b> First time</p>	<p>The registered person shall ensure relatives of patients are consulted during the Regulations 29 visits and action plans are in place when required and correctly addressed.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	
<p><b>Area for improvement 7</b> <b>Ref:</b> Regulation 30 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that all notifiable events are reported to RQIA</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b>		<b>Validation of compliance</b>
<p><b>Area for improvement 1</b> <b>Ref:</b> Standard 41 <b>Stated:</b> Second time</p>	<p>T 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.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	
<p><b>Area for improvement 2</b> <b>Ref:</b> Standard 39 <b>Stated:</b> First time</p>	<p>The registered person shall ensure staff are trained for their roles and responsibilities</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	
<b>Area for improvement 3</b>	The registered person shall ensure any	<b>Met</b>

<p><b>Ref:</b> Standard 4.9</p> <p><b>Stated:</b> First time</p>	<p>variance in care provision from the care plan, reasons and outcomes are documented.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the detail in patient care records is meaningful and in sufficient detail to direct the individual care requirements. This is in relation to food and fluid intake records.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 12.12</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that any significant changes in weight are recorded and notified to a medical practitioner.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 44</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the premises are well maintained and suitable for their stated purpose. This is in relation to floor coverings requiring repair or replacement, a cracked toilet cistern and a pair of worn curtains.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met. A refurbishment plan was provided by the responsible individual which included the replacement of a cracked toilet cistern and furniture and the timeframe for completion.</p>	<b>Met</b>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 44.3</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the temporary change in use of a bathroom for hairdressing is stopped and the bathroom repurposed to its original use.</p>	<b>Met</b>



	<p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	
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## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect 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.

There were systems in place to ensure staff were trained and supported to do their job. Mandatory training was provided and a record kept of each staff members completed training. Staff spoken with confirmed that they were completing regular training and had received a comprehensive induction on commencement of their employment to prepare them for working with patients.

Staff completed a detailed competency and capability assessment prior to taking charge of the home in the absence of the manager to ensure the safety of patients, staff and visitors to the home.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. One patient identified that it sometimes took a long time for staff to assist with getting dressed or answer buzzers. This was brought to the attention of the manager for her to address. Staff confirmed that they also had assistance from staff working in the residential home throughout the day if required but felt they required more help on a regular basis. This was discussed with the manager and an area for improvement was identified.

It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way. Call bells were answered promptly by staff who were observed to respond to requests for assistance in a caring and compassionate manner. It was clear through these interactions that the staff and patients knew one another well.

Patients and visiting relatives confirmed that there were enough staff on duty and they were available when the required them.

Staff said there was good team work and that they felt well supported in their role.



## 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. Staff were knowledgeable of patients' needs, their daily routine, wishes and preferences.

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.

It was noted that initial care plans were not always developed for newly admitted patients from day one of admission to guide staff in the immediate delivery of care and they were not always reviewed and updated in response to the changing needs of patients. This area for improvement has been subsumed and restated under the regulations and standards.

Patients' individual likes and preferences were reflected throughout the records. Care plans contained specific information on each patient's care needs and what or who was important to them.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs. Staff took time for patients to make their needs known through non-verbal communication.

At times some patients may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, patients were assisted by staff when mobilising and provided with equipment where this was required.

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 may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of patients to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Patients were complimentary about the choice of food and drinks provided. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

Staff told us how they were made aware of patients' nutritional needs and confirmed that patients care records were important to ensure patients received the right diet. There was choice of meals offered, the food was attractively presented, smelled appetising and portions were generous. Modified meals or special diets were also provided when required.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what patients had to eat and drink daily. Contact was made with the GP, dietitian or speech and language team when required.

### 5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy and warm, with communal areas and private bedrooms for patients use.

Patients' bedrooms were personalised with items important to the patient. Most bedrooms and communal areas were well decorated, suitably furnished and comfortable, while other areas were awaiting décor and refurbishment as part of the homes refurbishment plan, which was made available following the inspection. Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices.

Observation of bathrooms found that equipment was inappropriately stored, a shower chair required cleaning and a commode was torn. This area for improvement has been restated for a second time.

An electrical storeroom was noted to be unlocked and contained electrics and a number of cleaning chemicals which were not locked away. This was brought to the attention of staff and immediately locked. This area for improvement has been restated for a second time.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that 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, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with DoH and IPC guidance.

### 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. Could visits with family/friends in their room and could participate in the activities provided in the home. Patients were observed to be content while chatting to other patients and staff while watching TV or listening to music. A range of daily newspapers were provided for patients who requested this.

Discussion with the manager identified that regular patient meetings which provided an opportunity for patients to comment on aspects of the running of the home had not been established as agreed at the last inspection. An area for improvement was identified.

It was observed that staff offered choices to patients throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options and where and how they wished to spend their time.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

Patients' relatives said they felt welcomed in the home and were very satisfied with the care provided and the staff availability while in the home.

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

There has been no change in the management of the home since the last inspection. Mrs Katrina Mary O'Hara has been the manager in this home since 21 December 2018.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home.

Patients spoken with said that they knew how to report any concerns and said they were confident that the manager would address any issues. Review of the home's record of complaints confirmed that these were well managed.

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.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their care manager and to RQIA.

Staff commented positively about the management team and described them as supportive, approachable and always available for guidance.

The home was visited each month by the registered provider/ 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 in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by patients, their representatives, the Trust and RQIA.

## **6.0 Conclusion**

The home was clean and warm and patients were observed to be comfortable in their surroundings. Patients were positive about the care and services provided in Glendun Nursing Home.

Patients were supported in their choices of how they wished to spend their time on a daily basis by staff. Activities were provided and a variety of entertainment such as TV and music was available.

Based on the inspection findings four new areas for improvement in relation to safe and effective care were identified and can be found in section 7.0 of the report.

## 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/or the Care Standards for Nursing Homes (April 2015)**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3*	3

\* The total number of areas for improvement includes two which have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Katrina Mary O'Hara, 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	The registered person shall ensure all part of the home are free from the risk of the spread of infection. This is in relation to an unclean radiator and hoist, an inappropriately stored hoist, mop heads and aprons.  Ref: 5.1  <b>Response by registered person detailing the actions taken:</b> All staff are aware of correct storage of equipment and cleaning of equipment. This has been reinforced with all staff. Random checks will be included in Managers Infection Control Audits.
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 14 (2)  <b>Stated:</b> Second time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure that ensure that all parts of the home to which patients have access are free from hazards to their safety.  Ref: 5.1  <b>Response by registered person detailing the actions taken:</b> Above has been reinforced with all staff and the manager will monitor compliance.
<b>Area for Improvement 3</b>	The registered person shall ensure that the assessment of patient's needs is kept under review and revised at any time in

<p><b>Ref:</b> Regulation 15 (2)(a)(b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>regard to any changing circumstances.</p> <p>Ref: 5.1 and 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> A meeting has taken place between trained staff and senior management. A change in practice has been implemented to address above issue. The manager and Registered provider are keeping this under review.</p>
<p><b>Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)</b></p>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 42</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure the number and ratio of staff on duty at all times meet the care need of patients.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> The staff /patient ratio is kept under review. Relaxation of Covid isolation requirements for staff has vastly helped in ensuring adequate staffing levels</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure patients feelings wishes and views regarding the daily running of the home are taken into consideration through a variety of means.</p> <p>Ref: 5.2.4</p> <p><b>Response by registered person detailing the actions taken:</b> Patients feelings, wishes and views regarding the running of the home are taken into consideration through a variety of means including individual and group meetings with manager , registered provider and questionnaires.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 36.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure there is a system in place to systematically audit compliance with all policies and procedures in place which direct the quality of care and services.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> The manager is reviewing the current system in place to audit compliance with policies and procedures which direct the quality of care and services. Any area for improvement will be identified and addressed.</p>

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



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