

# Inspection Report

16 September 2021



## Glendun Nursing Home

**Type of service: Nursing (NH)**

**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>Registered Manager:</b> Mrs Katrina Mary O'Hara
<b>Responsible Individual:</b> Mr David Leo Morgan	<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> 27
<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.  There is a Residential Care Home which occupies part of the ground floor and the registered manager for this home manages both services.	

## 2.0 Inspection summary

An unannounced inspection took place on 16 September 2021, from 9.15 am to 6.15 pm by the 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.

Patients were happy to share their experiences of living in the home and provided a number of examples of what they liked about the home.

Areas requiring improvement were identified including infection prevention and control (IPC), storage of cleaning chemicals and thickening powders, reporting of notifiable events, Regulation 29 visit reports, staff training, care records, action in regard to weight loss, maintenance of the premises and use of rooms for their stated purpose.

Patients described living in Glendun as 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. .

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. The daily life in the home was observed and how staff went about their work. A range of documents were examined to determine the effectiveness of care delivery and that systems were in place to manager the 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 findings of the inspection were discussed with the management team at the end of the inspection.

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

Eleven patients were spoken with during the inspection and told us they were well cared for in Glendun. Patients said "I love it here", "I love my room and its very warm" and "they (staff) are looking after us really well.

Two staff spoken with described the manager as "supportive and approachable" and said "we get the opportunity for training online" and "I have no concerns about staffing".

No patient questionnaires were returned following the inspection and we received no responses from the on-line 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 18 January 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> First 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>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was not met. Two recruitment records inspected showed that gaps in employment history had not been explored and explanations recorded.	
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 16 (1)  <b>Stated:</b> First 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>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was partially met. Review of the records of a newly admitted patient showed that not all care plans had been completed on admission and developed within five days of admission.	

<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 10 (1)  <b>Stated:</b> First time	<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>	<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. Care audits had been completed however no action plan was in place for hand hygiene audits or care plan audits.</p>	
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b>  <b>Ref: Standard 36 (1)</b>  <b>Stated: Second time</b>	<p>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.</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 2</b>  <b>Ref:</b> Standard 41  <b>Stated:</b> First time	<p>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>Partially met</b>
	<p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was partially met. The manager or their designated representative had not signed the off duty.</p>	

<b>Area for improvement 3</b>  <b>Ref:</b> Standard 35.7  <b>Stated:</b> First time	Written records of monthly monitoring reports clearly state any actions taken by the registered person or the registered manager to address any deficits identified.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of the recruitment files for new staff showed that gaps in employment history had not been explored and the reasons for this had not been documented. This has been stated for improvement for a second time.

Records showed that staff training was not up to date in control of substances hazardous to health (COSHH) and fire training. This was discussed with the manager and an area for improvement was identified.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. A nurse in charge competency was completed for staff who took charge of the home in the absence of the manager.

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. Staff told us that there was enough staff on duty to meet the needs of the patients.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the patients were met. Examination of the staff duty rota confirmed this. It was noted that there was enough staff in the home to respond to the needs of the patients in a timely way; and to provide patients with a choice on how they wished to spend their day. For example, patients were assisted to spend time in the lounge or in their own rooms if preferred.

Staff told us that the patients' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. Staff demonstrated a good understanding of patients' needs and wishes.

Patients said "staff were always around if you need them", looked after them well and they had "no complaints". Patients were relaxed in the company of staff who were supportive and provided assistance compassionately.

### 5.2.2 Care Delivery and Record Keeping

On arrival at the home the majority of patients had their breakfast, some were socialising in the lounge area and others were spending time in their rooms.

Staff were observed to be prompt in recognising patients' needs. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs. Staff engaged with patients on an individual and group basis throughout the day.

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.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual 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, pulling curtains when necessary, discussing patients' care in a confidential manner and by offering personal care to patients discreetly.

Patients who are less able to mobilise require special attention to their skin care. Care records identified that reposition was not recorded correctly in care plans and on repositioning records for two identified patients and a wound dressing was not applied as directed in the care plan. This was discussed with the manager and an area for improvement was identified.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example bed rails were used when appropriate following a risk assessment and buzzer mats were in place were 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 for patients to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

It was overserved that the lunch time meal choice was attractively presented, smelled appetising and generous portion sizes were provided. There was a variety of drinks available for patients to choose from. Lunch was a pleasant and unhurried experience for the patients.

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, however, the recording of an identified patient's food and fluid intake was not in enough detail to determine if nutritional needs were being met. An area for improvement was identified.



There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain. One patient's significant weight loss was not reported to the medical practitioner for advice. An area for improvement was identified.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet patients' needs. Patients care records were held confidentially.

Patients' individual likes and preferences were reflected throughout the records. Care plans contained specific information about what or who was important to them.

Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

### **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. Patients' bedrooms were personalised with items important to the patient and reflected their likes and interests. Observation found that a number of floor coverings required repair or replacement, a toilet cistern was cracked and a pair of curtains required replacement. An area for improvement was identified.

Review of the bathrooms in the home identified a bathroom which had been agreed, on a temporary basis, to be used for hairdressing had not been repurposed back to a bathroom. This was discussed with the management team and an area for improvement was made.

Patients could choose where to sit or where to take their meals and staff were observed supporting patients to make these choices. There was evidence throughout the home of personal touches such as newspapers available and snacks and drinks.

Patients said their rooms were kept clean on a daily basis and they had no concerns about the cleanliness of the home. Patients' clothing was clean and well maintained and it was evident time had been spent on their personal care.

Observation showed that a radiator and hoist were unclean, a hoist was stored in a sluice, mop heads were left in the upstairs hallway and clean aprons were not stored appropriately. An area for improvement was identified.

It was observed that cleaning chemicals and fluid thickening agents were not stored appropriately in locked cupboards. This was brought to the attention of staff for their immediate action. An area for improvement was identified.

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). A temperature and health check was completed for visitors on entry to the home.



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. Patients said they were happy that their relatives could visit them more regularly now.

#### **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 choose where they wanted to spend their time. Patients could have family in their rooms and take part in seasonal activities.

The manager told us there were no regular patient meetings to provide an opportunity for patients to comment on aspects of the running of the home. The manager agreed to put this in place.

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.

Patients were able to plan their day with pastimes such as watching television, listening to music, chatting and spending time with others or, when preferred, resting in their rooms. Staff supported those patients who required assistance with planning how they spent 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 calls. Visiting and, if required, care partner arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

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

There was a clear management structure in the home and there had 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.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home however no action plan was in place for hand hygiene audits or care plan audits. This has been stated for improvement for a second time.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Staff were aware of the procedures for reporting any concerns in relation to safeguarding and protection of vulnerable adults.

A poster was available in the lounge to advise on how to raise a concern or complaint. Patients spoken with said that they knew how to report any concerns and said they were confident that the manager would address any issues they raised. 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.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

A review of the records of accidents and incidents which had occurred in the home found that not all incidents had been notified to RQIA. This was discussed with the manager and an area for improvement was made.

The home was visited each month by 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. However they showed that contact had not been made with families to consult with them and where action plans for improvement were required, these were not always followed up to ensure that the actions were correctly addressed. An area for improvement was identified.

## 6.0 Conclusion

Patients were relaxed and comfortable in the home completing their daily routine independently or with the support of staff. Patients were positive in their comments about the staff and the care in Glendun.

It was observed that patients were responded to by staff in a timely manner and staff were knowledgeable about patients individual likes and preferences. Staff said they were well supported by the manager and there was good team work.

Based on the inspection findings fourteen areas for improvement were identified. Twelve were in relation to safe and effective care and two was in relation to the service being well led details can be found in the quality improvement plan included. Compliance with the areas for improvement will further improve the care and services provided in the home.

## 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>	7*	7*

\*The total number of areas for improvement includes four that 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, Registered Manager, and David Leo Morgan, Registered Person, 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	
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 21 (1) (b)  <b>Stated:</b> Second time  <b>To be completed by:</b> 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: 5.1
	<b>Response by registered person detailing the actions taken:</b> The employment history of new staff has been explored and explanations recorded. Checklist now in place for employment history and this will be completed during the interview
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 16 (1)  <b>Stated:</b> Second time  <b>To be completed by:</b> 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: 5.1
	<b>Response by registered person detailing the actions taken:</b> Reinforced with staff to ensure all care Plans are in place for newly admitted patients and further development within 5 days. This will be put in audit process
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 10 (1)  <b>Stated:</b> Second time  <b>To be completed by:</b> 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: 5.1

	<p><b>Response by registered person detailing the actions taken:</b> Any learning from audits will be dissimiated to all relevent staff</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 13 (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 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>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Infection control audits are in place in relation to above</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 14 (2) (a)</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 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> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Staff aware they must not leave trolleys containing cleaning products or thickening agents unattended</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Regulation 29</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 relatives of patients are consulted during the Regulations 29 visits and action plans are in place when required and correctly addressed.</p> <p>Ref: 5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> Relatives will be consulted during next Regulation 29 visit</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Regulation 30</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b></p>	<p>The registered person shall ensure that all notifiable events are reported to RQIA.</p> <p><b>Response by registered person detailing the actions taken:</b> All senior staff are aware of what events are notifiable to RQIA, this forms part of competency</p>

With immediate effect	
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<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> Second time  <b>To be completed by:</b> 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: 5.1
	<b>Response by registered person detailing the actions taken:</b> The staffing rota already includes the first name and surname of each member of staff. Actual hours worked will be signed by registered manager or designated representative.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 39  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure staff are trained for their roles and responsibilities.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> COSHH training will now be mandatory for all grades of staff
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 4.9  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The registered person shall ensure any variance in care provision from the care plan, reasons and outcomes are documented.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> The above has been reinforced with all staff who are responsible for maintaining careplans.
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b>	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.  Ref: 5.2.2

With immediate effect	<b>Response by registered person detailing the actions taken:</b> All staff aware of the need to record food and fluid intake in sufficient details
<b>Area for improvement 5</b>  <b>Ref:</b> Standard 12.12  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that any significant changes in weight are recorded and notified to a medical practitioner.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Any significant weight loss will be notified to medical practitioner when first identified by staff</p>
<b>Area for improvement 6</b>  <b>Ref:</b> Standard 44  <b>Stated:</b> First time  <b>To be completed by:</b> 15 October 2021	<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>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> The above are included in refurbishment plan - where able immediate action has been taken</p>
<b>Area for improvement 7</b>  <b>Ref:</b> Standard 44.3  <b>Stated:</b> First time  <b>To be completed by:</b> 31 October 2021	<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> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> We have consulted with Phil Cunjnigham (Estates) regarding the use of this bathroom and several options are currently being considered. we will liaise with Inspectors regarding medium - long term arrangements and plans for hairdressing facilities and staff changing facilities in Glendun. We will put in place new arrangements as soon as possible..</p>





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