

# Unannounced Care Inspection Report 26 January 2017



## Glenview

**Type of Service: Nursing Home**

**Address: 11 Bleary Road, Portadown, Craigavon, BT63 5NE**

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**Inspectors: Donna Rogan and Aven Donnelly**

[www.rgia.org.uk](http://www.rgia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Glenview Nursing Home took place on 26 January 2017 from 14.00 hours to 17.00 hours.

On 26 January 2017 RQIA were advised by the acting manager of Glenview nursing home that the home were in crisis in respect of retention of registered nurses and a number of resignations had been received. As a consequence the registered persons were unable to appropriately staff the home beyond 29 January 2017. This information had been relayed to the Southern Health and Social Care Trust (SHSCT).

RQIA, however, sought assurances that patients currently residing in Glenview Nursing Home were being appropriately cared for, and that supplies such as heating, food, incontinence products, appropriate equipment were available. RQIA also sought assurances that staffing levels were sufficient in skill mix and numbers to meet patient requirements. A focused unannounced inspection was therefore undertaken.

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.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	Not applicable	Not applicable

During the inspection a discussion was held with the registered person, in relation to the home's inability to ensure registered nurses were available in the home on 30 January 2017. Mr Brendon Breen, registered person was aware of the options open to him and made the decision to submit an application for voluntary cancellation of registration to RQIA during the inspection. The inspectors immediately informed senior management in RQIA and SHSCT of his decision.

There was no quality improvement plan (QIP) issued following the inspection as an application for voluntary cancellation of the registration of Glenview was received by RQIA with an effective date of 30 January 2017. The Southern Health and Social Care Trust also (SHSCT) confirmed to RQIA on 30 January 2017 that all patients previously resident in Glenview had been relocated to alternative nursing homes as required.

## 1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 15 September 2016.

Other than those actions detailed in the previous QIP there were no further actions required to be taken.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

There was an ongoing safeguarding issue in the home which was being investigated by Police Service of Northern Ireland, (PSNI) in conjunction with the SHSCT. It was confirmed that management in the home were co-operating with both PSNI and SHSCT in order to assist and inform the investigation.

The safeguarding team were also made aware of the staffing difficulties being experienced in the home as stated in section 1.0 by the acting manager on 26 January 2016.

## 2.0 Service details

<b>Registered organisation /registered person:</b> Glenview Mrs. Bernadette Breen Mr. Brendan Breen	<b>Registered manager:</b>
<b>Person in charge of the home at the time of inspection:</b> Laura Lavery acting home manager	<b>Date manager registered:</b> No application received
<b>Categories of care:</b> NH-PH(E), NH-PH, NH-I, NH-DE	<b>Number of registered places:</b> 31

## 3.0 Methods/processes

Information was received by RQIA on 26 January 2016 from the acting manager who raised concerns in relation staffing the home as stated in section 1.0.

It is not the remit of RQIA to investigate complaints or safeguarding allegations made by or on behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a potential breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home. Following discussion with senior management, it was agreed that an inspection would be undertaken to ensure patients were safe. During the inspection the following was reviewed

- staffing levels
- patient's dependency and provision of personal care
- availability and use of equipment
- food and fluid provision in the home
- provision of heating
- hygiene and the cleanliness of the home

Prior to inspection we analysed the following information:

- the registration status of the home
- written and verbal communication received by RQIA since the previous inspections to the home
- the previous care inspection report
- the returned QIP from the previous care inspection
- notifications received since July 2016

The duty records were examined during the inspection.

The inspectors also communicated with the majority of patients both individually and in groups, all staff on duty, the acting manager and the registered person.

**4.0 The inspection**

**4.1 Review of requirements and recommendations from the most recent inspection dated 15 September 2016**

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

**4.2 Review of requirements and recommendations from the last care inspection dated 27 July 2016**

Last care inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> Ref: Regulation 27 (2) (d) Stated: First time	The registered provider must ensure the nursing home is kept clean. The lounges, bedrooms and sluice areas are required to be cleaned daily. A schedule for completing high dusting should also be implemented as a priority.	<b>Not Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the environment found the home to be generally clean and tidy. However some areas required attention in the interests of infection control. Due to the focus of the inspection and the concerns raised these areas were not fully reviewed.  During the inspection the registered person provided RQIA with an application for voluntary cancellation of registration.	

<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 18 (2) (c)</p> <p><b>Stated:</b> First time</p>	<p>The registered provider must ensure that the room identified for day space is appropriately decorated and furnished.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> A review of the identified day space was appropriately decorated and furnished, however it was not in use during the inspection by patients.</p>	<p><b>Met</b></p>
<p><b>Requirement 3</b></p> <p><b>Ref:</b> Regulation 13 (7)</p> <p><b>Stated:</b> First time</p>	<p>The registered provider must ensure that there are suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Due to the focus of the inspection and the concerns raised these areas were not fully reviewed.</p> <p>During the inspection the registered person provided RQIA with an application for voluntary cancellation of registration.</p>	<p><b>Not applicable</b></p>
<p><b>Requirement 4</b></p> <p><b>Ref:</b> Regulation 21 (1)</p> <p><b>Stated:</b> First time</p>	<p>The registered provider must ensure that the following issues are addressed:</p> <ul style="list-style-type: none"> <li>• ensure all areas accessible to patients and staff are maintained safe and all risks minimised</li> <li>• ensure the exposed electric wires are made safe</li> <li>• ensure the smoke detectors and fire alarms, fire exits are still accessible and fully functional</li> <li>• furniture in the identified bedrooms should be maintained safe</li> <li>• exposed pipes should be maintained safe</li> <li>• tools, screws and equipment used in preparing for the demolition are removed after use</li> <li>• the identified areas should be properly cleaned when the area is made safe</li> <li>• regular checks of the identified areas should be completed by the manager to ensure compliance with regulations and standards</li> </ul>	<p><b>Not applicable</b></p>

	<p><b>Action taken as confirmed during the inspection:</b>  A general review of the environment evidenced that all areas accessible to patients were maintained safe. The identified areas were cordoned off to prevent patient access.</p> <p>Due to the focus of the inspection and the concerns raised these areas were not fully reviewed.</p> <p>During the inspection the registered person provided RQIA with an application for voluntary cancellation of registration.</p>	
<p><b>Requirement 5</b></p> <p><b>Ref:</b> Regulation 14 (2)</p> <p><b>Stated:</b> First time</p>	<p>The registered provider must ensure that until the issues stated in requirement 4 are addressed that the half hourly checks continue to be made until the agreed works are completed. Confirmation of the above should be returned in the QIP.</p> <p><b>Action taken as confirmed during the inspection:</b>  Assurances were provided by the registered provider that the above checks were completed. However, these areas were not fully reviewed due to the focus of the inspection and the concerns raised.</p> <p>During the inspection the registered person provided RQIA with an application for voluntary cancellation of registration.</p>	<p><b>Not applicable</b></p>
<p><b>Requirement 6</b></p> <p><b>Ref:</b> Regulation 21 Schedule 2</p> <p><b>Stated:</b> First time</p>	<p>The registered provider must ensure that the relevant employment information should be available and viewed by the acting manager prior to staff commencing employment in the home.</p> <p><b>Re Action taken as confirmed during the inspection:</b>  Due to the focus of the inspection and the concerns raised these areas were not fully reviewed.</p> <p>During the inspection the registered person provided RQIA with an application for voluntary cancellation of registration.</p>	<p><b>Not applicable</b></p>

<p><b>Requirement 7</b></p> <p><b>Ref:</b> Regulation 19 (1) (a) Schedule 3</p> <p><b>Stated:</b> First time</p>	<p>The registered provider must ensure that a contemporaneous note of all nursing provided to the patients is maintained, the record should include details of their condition and treatment following their admission.</p>	<p><b>Not applicable</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Due to the focus of the inspection and the concerns raised these areas were not fully reviewed.</p> <p>During the inspection the registered person provided RQIA with an application for voluntary cancellation of registration.</p>	<p><b>Not applicable</b></p>	
<p><b>Requirement 8</b></p> <p><b>Ref:</b> Regulation 15 (2)</p> <p><b>Stated:</b> First time</p>		<p>The registered provider must ensure that evaluations of care are meaningful, reflective of care, kept under review and revised when necessary.</p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Due to the focus of the inspection and the concerns raised these areas were not fully reviewed.</p> <p>During the inspection the registered person provided RQIA with an application for voluntary cancellation of registration.</p>	<p><b>Not applicable</b></p>	
<p><b>Requirement 9</b></p> <p><b>Ref:</b> Regulation 18 (2) (n)</p> <p><b>Stated:</b> First time</p>		<p>The registered provider must ensure that when organising activities that they are arranged with regards to the wishes and feelings of all patients and that they are conducted in a suitable area conducive to the activity arranged.</p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Due to the focus of the inspection and the concerns raised these areas were not fully reviewed.</p> <p>During the inspection the registered person provided RQIA with an application for voluntary cancellation of registration.</p>		



<p><b>Requirement 10</b></p> <p><b>Ref:</b> Regulation 12 (1)</p> <p><b>Stated:</b> First time</p>	<p>The registered provider must ensure the following:</p> <ul style="list-style-type: none"> <li>• where audits are completed there is evidence that they have been analysed and that appropriate actions had been taken to address any shortfalls identified</li> <li>• the audits should evidence that the necessary improvements have been embedded into practice</li> <li>• the cleaning issues identified should also be included in the environmental audits.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Due to the focus of the inspection and the concerns raised these areas were not fully reviewed.</p> <p>During the inspection the registered person provided RQIA with an application for voluntary cancellation of registration.</p>	<p><b>Not applicable</b></p>
<p><b>Requirement 11</b></p> <p><b>Ref:</b> Requirement 13 (1)</p> <p><b>Stated:</b> First time</p>	<p>The registered provider must ensure that the responsible person/acting manager has oversight into the building works ongoing in the home.</p> <p>Regular checks should be made to ensure at all times areas accessible by staff/patients/members of the public are safe. These checks should also include fire risk checks. Records should also be maintained of the checks made.</p> <p><b>Action taken as confirmed during the inspection:</b> Due to the focus of the inspection and the concerns raised these areas were not fully reviewed.</p> <p>During the inspection the registered person provided RQIA with an application for voluntary cancellation of registration.</p>	<p><b>Not applicable</b></p>



Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 35, criterion 16 <b>Stated:</b> Second time	The registered provider should return a copy of the annual report for 2015 to RQIA with the return of the QIP. This should include the outcomes of consultation with relatives.	<b>Not applicable</b>
	<b>Action taken as confirmed during the inspection:</b> Due to the focus of the inspection and the concerns raised these areas were not fully reviewed.  During the inspection the registered person provided RQIA with an application for voluntary cancellation of his registration to RQIA.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 41 <b>Stated:</b> First time	The registered provider should ensure where the acting manager is working as the second nurse on duty these hours are reflected on the duty rotas. Management hours should also be clearly identified.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A review of the duty rotas identified the acting managers working hours.  During the inspection the registered person provided RQIA with an application for voluntary cancellation of his registration to RQIA.	
<b>Recommendation 3</b> <b>Ref:</b> Standard 21 <b>Stated:</b> First time	The registered provider should ensure admission documentation is signed and dated by the admitting registered nurse.	<b>Not applicable</b>
	<b>Action taken as confirmed during the inspection:</b> Due to the focus of the inspection and the concerns raised these areas were not fully reviewed.  During the inspection the registered person provided RQIA with an application for voluntary cancellation of his registration to RQIA.	

<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 18</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should ensure where restraint is used that consent should be received by patient/relative or the appropriate persons. The information should be clearly recorded.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Due to the focus of the inspection and the concerns raised these areas were not fully reviewed.</p> <p>During the inspection the registered person provided RQIA with an application for voluntary cancellation of his registration to RQIA.</p>	<p><b>Not applicable</b></p>
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 7</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should ensure that:</p> <ul style="list-style-type: none"> <li>• regular meetings are organised with staff/patients/relatives in order to keep them informed of the management strategies implemented and changes made</li> <li>• an agenda should be set and an opportunity for all to add issues for discussion should be put in place</li> <li>• discussions at meetings should be relevant</li> <li>• minutes should be held and shared with those who have not attended arranged meetings</li> <li>• actions should also be followed up at subsequent meetings</li> <li>• information should be collated and incorporated into the annual quality report.</li> </ul> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Due to the focus of the inspection and the concerns raised these areas were not fully reviewed.</p> <p>During the inspection the registered person provided RQIA with an application for voluntary cancellation of his registration to RQIA.</p>	<p><b>Not applicable</b></p>

<p><b>Recommendation 6</b></p> <p><b>Ref:</b> Standard 11</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should consider the provision of various genres of reading material for patient use.</p>	<p><b>Not applicable</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Due to the focus of the inspection and the concerns raised these areas were not fully reviewed.</p> <p>During the inspection the registered person provided RQIA with an application for voluntary cancellation of his registration to RQIA.</p>		
<p><b>Recommendation 7</b></p> <p><b>Ref:</b> Standard 36</p> <p><b>Stated:</b> First time</p>	<p>The registered provider should ensure that the review of the policies and procedures are completed as a priority in order to inform staff of the most recent and up to date best practices. Completed policies and procedures should be endorsed by the acting manager as discussed.</p>	<p><b>Not applicable</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>Due to the focus of the inspection and the concerns raised these areas were not fully reviewed.</p> <p>During the inspection the registered person provided RQIA with an application for voluntary cancellation of his registration to RQIA.</p>		

### 4.3 Inspection findings

#### Areas for improvement

##### 4.3.1 Staffing levels

The duty rotas were reviewed for three weeks from week commencing 16 January 2017. Rotas worked evidenced that staffing levels for a total of 25 patients was maintained with one registered nurse and five care staff from 08.00 hours to 14.00 hours; and one registered nurse and three care staff from 14.00 hours to 16.00 hours. One additional care staff member commenced duty from 16.00 hours to 12.00 midnight. During the night from 12.00 midnight to 08.00 hours there was one registered nurse and two care staff on duty. Care staff spoken with stated that there were sufficient numbers of care staff on duty to provide appropriate care to patients in a timely way. However, all stated that they felt one registered nurse was not sufficient as the dependency of patients residing in the home was “very high”. The inspectors spoke with the agency nurse on duty, who had previously completed a number of shifts in the home and was familiar with the patients and the routine of the home. The registered nurse confirmed that they felt “very stretched in ensuring the delivery of care” stating, “the care staff are great and I can depend on them, however it is difficult to get everything completed in a timely way”.

From week commencing 30 January 2017 the duty rotas confirmed there were **no** registered nurses rostered for duty during the day or night. The acting manager confirmed that there had been a number of recent resignations of full time staff and bank staff. The acting manager confirmed that the shifts had been out with agencies and that they were “in crisis and were unable to staff the home with registered nurses as from 30 January 2017”.

The acting manager informed the SHSCT and RQIA of the crisis and the SHSCT had agreed to meet on 26 January 2017 to implement a contingency plan in order to ensure the health and welfare of patients was being maintained at all times.

Following discussion with the registered person regarding the staffing difficulties and the inability to provide registered nurses in the home, the registered persons decided that they would submit an application for voluntary cancellation of registration of Glenview to RQIA. This was submitted during the inspection and the information was provided to SHSCT and senior management within RQIA.

#### **4.3.2 Patient’s dependency and provision of personal care**

We observed patient care on the afternoon of the inspection. In total there were 25 patients residing in the home. There were eight patients observed to be nursed in their bedrooms; this included one patient who was receiving palliative care. The inspectors observed the dependency of patients to be high and all required 24 hour nursing care. At the time of inspection 13 of the patients in the home had diagnoses of dementia. Two patients were on short term respite care. The acting manager confirmed that the dependency of patients currently residing in the home required 24 hour nursing care and that the dependency in the home was high.

We spoke with the majority of patients in the home on the afternoon of inspection. They stated:

- “they felt well cared for”
- “staff do their best”
- “when I sound my buzzer they come quite quickly”
- “I feel that care is good in the home”

No patients expressed dissatisfaction with the care they were receiving. However, one patient stated, “the home was experiencing difficulties with regards to staffing and that more needed done”.

#### **4.3.3 Availability and use of equipment**

There was sufficient availability of equipment in the home this included a range of hoists, slings, commodes, furniture and fittings. Other aids such as incontinence products, provision of bed linen and furnishings were also available. Staff spoken with stated that they felt there was no difficulties in this area and felt that supplies as needed were made available.

#### **4.3.4 Food and fluid provision in the home**

We undertook a review of the kitchen area of the home. The cook was available and escorted us through the food ordering process and the provision of food. It was confirmed that the four weekly rotational menus were in the main adhered to. On the day of inspection the main meal consisted of potatoes, mixed vegetables, pork pieces or minced steak. Supplementary choices were available for those on a fortified diet. The dessert was tapioca and pureed apples, or a choice of yoghurts or ice cream and jelly.

A review of the kitchen supplies evidenced a sufficient amount of fresh vegetables for the day following inspection. The cook stated that the vegetable and fruit order was due to come to the home on 27 January 2017. A review of the food ordering book confirmed this. The fridges and freezers contained sufficient meat and dairy supplies in order to fulfil the planned menus. A record of the food made and taken by patients was retained in the kitchen. The dried good stores contained a wide range of food supplies including a wide range of biscuits, cakes and breads. There was also a range of daily home baked breads available in the home.

The kitchen and dining areas were clean and tidy and the food management in the home was being appropriately managed in accordance with best practices.

The afternoon tea was being served at 15.00 hours, the tea trolley consisted of tea, and coffee, milk, sugar, sweeteners, fruit drinks and a range of biscuits were available. Staff spoken with stated that if a patient chooses a banana that this could be obtained from the kitchen.

Patients spoken with were commendable regarding the food provision in the home stating that they usually were provided with a choice.

#### **4.3.5 Provision of heating**

A review of the general environment was found to be warm and comfortable. A number of patients were observed to have a small rug around them. Most spoken with stated that this was for comfort and their choice. No patients expressed that they were cold in the home. Radiators were noted to be warm in both floors of the home.

#### **4.3.6 Hygiene and the cleanliness of the home**

The home was mainly clean there were a number of areas which required cleaning and tidying in order to comply with overall infection prevention and control. These were observed mainly in communal and storage areas of the home. Patients' bedrooms were observed to be personalised and generally tidy. A redecoration programme is available in the home. However, the acting manager confirmed due to other difficulties that recent refurbishment had not been completed.

## 5.0 Conclusion

Due to the focus of the inspection and following discussion of the options available to the registered persons it was confirmed that the registered persons could no longer sustain sufficient provision of registered nurses to the home from 30 January 2017. It was decided by the registered persons to submit an application for voluntary cancellation of registration to RQIA. As previously stated RQIA senior management and SHSCT were immediately informed of this decision and arrangements were put in place to ensure the health and welfare of patients was not compromised and SHSCT commenced the process of moving patients to alternative suitable accommodation.

On 30 January 2017 it was confirmed to RQIA that all patients had been appropriately moved from the home and that admissions to the home would cease immediately.

The registered provider has returned the registration certificate to RQIA registration team and the home will subsequently officially close. Due to the outcome of the registered provider's decision to voluntarily cancel his registration to the home; a QIP was not supplied with the report.

## 6.0 Quality improvement plan

A QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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