



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Service and ID: Glenview (1419)
Date of Inspection: 10 November 2014
Inspector's Name: Heather Moore
Inspection ID: IN016532

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS
Tel: 028 8224 5828 Fax: 028 8225 2544

GENERAL INFORMATION

Name of Home:	Glenview
Address:	9 Cabragh Road Dungannon BT70 3AH
Telephone Number:	028 8776 7132
E mail Address:	glenview.nursing@btconnect.com
Registered Organisation/ Registered Provider:	Mr Mervyn John & Mrs Jennifer Elizabeth Gregg
Registered Manager:	Mrs Eleanor Elizabeth Caroline Sands
Person in Charge of the home at the time of Inspection:	Mrs Eleanor Elizabeth Caroline Sands
Categories of Care:	NH-I, NH-PH, NH-PH(E), NH-DE, RC-I
Number of Registered Places:	45
Number of Patients /Residents Accommodated on Day of Inspection:	38 Patients 4 Residents
Scale of Charges (per week):	£581.00 Nursing £481.00 Residential
Date and type of previous inspection:	19 May 2014 Primary Announced
Date and time of inspection:	10 November 2014: 11am to 2.45pm
Name of Inspector:	Heather Moore

1.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

1.1 Purpose of the Inspection

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process.

1.2 METHODS / PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the registered nurse in charge
- Discussion with the administrative manager
- Discussion with staff
- Discussion with patients /residents individually and to others in groups
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of a sample of care records
- Observation during a tour of the premises
- Evaluation and feedback.

1.3 Inspection Focus

The inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

STANDARD 19 - CONTINENCE MANAGEMENT

Patients receive individual continence management and support.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

2.0 Profile of Service

Glenview is registered to provide nursing care in the old and infirm, dementia, and physically disabled categories of care. The home is also registered to provide residential care in the old and infirm category of care.

A new extension was built to the home and was completed in June 2009. This extension is provided over two floors and comprises of 22 en-suite single bedrooms. Ten of these bedrooms are provided in a separate unit for dementia nursing patients.

The original building is single storey and comprises of 21 single bedrooms, six of which are en-suite, and one double bedroom, dining room, sitting areas, and a designated smoking area are provided. Bath, shower, and toilet facilities are provided throughout the home. There are also designated staff areas and offices provided.

The grounds around the home are landscaped and secure areas are provided to enable patients and residents to relax outdoors weather permitting.

There are adequate car parking facilities at the front, side and back of the home.

3.0 Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Glenview. The inspection was undertaken by Heather Moore on 10 November 2014 from 11am to 2.15pm.

The inspector was welcomed into the home by Mrs Sandra Blackburn, Administrative Manager. Mr Tony Quinn Registered Nurse in Charge was available throughout the inspection. Verbal feedback of the issues identified during the inspection was given to the administrative manager and to the registered nurse in charge at the conclusion of the inspection.

During the course of the inspection, the inspector met with patients and residents, staff examined a selection of records, and carried out a general inspection of the nursing home environment as part of the inspection process.

As a result of the previous inspection conducted on 19 May 2014 seven requirements and five recommendations were issued. These were reviewed during this inspection. The inspector evidenced that these requirements had been complied with however one recommendation was not addressed and is therefore restated. Details can be viewed in the section immediately following this summary.

Discussion with the registered nurses, care staff, patients and residents and review of four patients care records revealed that continence care was well managed in the home.

Staff were trained in continence care on induction, a small number of registered nurses had received training on urinary catheter awareness however only one registered nurse had been trained in male catheterisation. A recommendation is made that additional registered nurses receive training in male catheterisation.

Currently there is no continence link nurse allocated in the home. A recommendation is made in this regard.

Examination of three care records confirmed a satisfactory standard of documentation however inspection of one patient's continence assessment confirmed that the patient's assessment was not completed in full. A recommendation is made in this regard.

A recommendation is also made that regular audits of the management of patients and residents who are incontinent be undertaken and the findings acted upon to enhance already good standards of care.

The inspector can confirm that based on the evidence reviewed, presented and observed that the level of compliance with this standard was assessed as substantially compliant.

Four recommendations and one restated recommendation are made. These recommendations are detailed throughout the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients, and residents, registered nurse in charge, administrative manager, registered nurses and staff for their assistance and co-operation throughout the inspection process.

4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	16 (1)	The registered person shall ensure that a specific care plan on pain management is maintained in care records for patients who require wound care intervention.	Inspection of three patients care records confirmed that a specific care plan on pain management was maintained in care records for patients who required wound care intervention.	Compliant
2	16 (2)	The registered person shall ensure that patients' bedrail risk assessments are reviewed monthly or more often if deemed appropriate.	Inspection of three patients care records confirmed that patients bedrail risk assessments were reviewed monthly or more often if deemed appropriate.	Compliant
3	30 (1) (d)	The registered person shall give notice to the RQIA without delay of the occurrence of any event in the nursing home which adversely affects the well - being or safety of any patient.	Inspection of a sample of untoward incidents confirmed that incidents were being forwarded to RQIA in a timely manner.	Compliant
4	14 (2) (c)	The registered person shall make arrangements for any unnecessary risks to the health or safety of patients	Observation of the dementia unit confirmed that medicines were stored safely and securely.	Compliant

		is identified and so far as possible eliminated.		
5	20 (1) (c) (i)	<p>The registered person shall ensure that staff be trained in the following areas:</p> <ul style="list-style-type: none"> • Pressure area care and prevention (care staff) • Nutrition and Hydration (registered nurses and care staff). 	<p>Inspection of staff training records confirmed the following:</p> <ul style="list-style-type: none"> • Care staff had received training on pressure care and prevention on 2 December 2014` • Registered nurses and care staff had received training on Nutrition and Hydration on 04 November 2014. 	Compliant
6	20(1)(c)(i)	The registered person shall ensure that staff as appropriate be trained in Dysphagia.	Inspection of staff training records confirmed that staff had received training on Dysphagia on the 22 May 2014 and 11 September 2014	Compliant
7	13(1)(a)	<p>The registered person shall ensure that the nursing home is conducted so as to promote and make proper provision for the nursing, health and welfare of patients.</p> <p>This requirement is made in regard to the maintenance of patients' fluid balance charts.</p>	Inspection of a sample of patients fluid balance charts confirmed that patients' fluid balance charts were recorded appropriately.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	5.3	It is recommended that the patients' pressure relieving equipment in use on patients' beds and when sitting out of bed be addressed in patients' care plans on pressure area care and prevention.	<p>Inspection of three patients care records revealed that the patients' pressure relieving equipment in use on patients' beds and when sitting out of bed was not addressed in all of the care plans.</p> <p>Restated</p>	Substantially Compliant
2	5. 2	It is recommended that a pain assessment be maintained in patients' care records (if applicable).	Inspection of a sample of patients care records confirmed that a pain assessment was maintained in patients care records (if applicable).	Compliant
3	5.3	It is recommended that written evidence is maintained in patients' and residents' care records to indicate that discussions had taken place with patients, residents, and their representatives in regard to planning and agreeing nursing interventions	Inspection of three patients care records confirmed that written evidence was maintained in patients care records to indicate that discussions had taken place with patients, residents, and their representatives in regard to planning and agreeing nursing interventions.	Compliant

4	12.10	<p>It is recommended that patients' recommended daily fluid targets and the action to be taken if these targets are not being achieved be recorded in patients' care plans on eating and drinking.</p> <p>It is also recommended that patient's total fluid intake for each 24 hour period be recorded in the evaluations of care and treatment provided to patients.</p>	<p>Inspection of a sample of patients care records revealed that the patients who were at risk of dehydration had their daily fluid intake recorded in their daily evaluation of care and treatment.</p> <p>The patient's daily target for those at risk of dehydration was also recorded in the patient's care plan.</p> <p>Discussion with the registered nurse in charge confirmed that currently this information was being recorded in patients electronic care records.</p>	Compliant
5	25.12	<p>It is recommended that additional details be provided in reports of unannounced visits undertaken under Regulation 29.</p>	<p>Inspection of a sample of Regulation 29 visits confirmed that the reports were recorded appropriately.</p>	Compliant

4.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

There were no issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.

STANDARD 19 - CONTINENCE MANAGEMENT Patients receive individual continence management and support.	
Criterion Assessed: 19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.	COMPLIANCE LEVEL
Inspection Findings: <p>Review of three patients'/residents' care records revealed that bladder and bowel continence assessments were undertaken for these patients and residents. The bladder and bowel assessments and the care plans on continence care were reviewed and updated on a monthly or more often basis as deemed appropriate however, inspection of one patient's continence assessment revealed that the assessment was not fully completed. A recommendation is made in this regard.</p> <p>The promotion of continence, skin care, fluid requirements and patients' and the resident's dignity were addressed in the care plans inspected. Urinalysis was undertaken and patients and residents were referred to their GPs as appropriate. Review of care records revealed that there was written evidence held of patient/resident and their relatives' involvement in developing and agreeing care plans.</p> <p>Discussion with staff and observation during the inspection revealed that there were adequate stocks of continence products available in the home.</p>	Substantially Compliant

Criterion Assessed: 19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.	COMPLIANCE LEVEL
Inspection Findings:	
<p>The inspector can confirm that the following policies and procedures were in place;</p> <ul style="list-style-type: none"> • continence management / incontinence management • catheter care. <p>The inspector can also confirm that the following guideline documents were in place;</p> <ul style="list-style-type: none"> • Nice Guidelines on Faecal incontinence • Nice Guidelines on urinary incontinence. <p>Discussion with staff revealed that they had an awareness of these policies, procedures and guidelines.</p>	Compliant

STANDARD 19 - CONTINENCE MANAGEMENT
Patients receive individual continence management and support.

Criterion Assessed: 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.	COMPLIANCE LEVEL
Inspection Findings: Not applicable	Not Applicable
Criterion Assessed: 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.	COMPLIANCE LEVEL
Inspection Findings: Discussion with the registered nurse in charge and review of the staff training records revealed that staff were trained in continence care on induction. Registered nurses had also received training on urinary catheter awareness currently there is one registered nurse trained in male catheterisation. A recommendation is made that additional registered nurses as appropriate be trained in male catheterisation. A recommendation is made that a continence link nurse be appointed in the home. A recommendation is also made that regular audits of the management of patients and residents who are incontinent be undertaken and the findings acted upon to enhance already good standards of care.	Substantially Compliant

Inspector's overall assessment of the nursing home's compliance level against the standard assessed

Substantially compliant

6.0 Additional Areas Examined

6.1 Care Practices

During the inspection the staff were noted to treat the patients and residents with dignity and respect. Good relationships were evident between patients, residents and staff.

Patients and residents were well presented with their clothing suitable for the season.

Staff were observed to respond to patients' and residents' requests promptly.

The demeanour of patients and residents indicated that they were relaxed in their surroundings.

6.2 Patients' and Residents' Comments

During the inspection the inspector spoke to six patients and residents individually and to others in groups. These patients and residents expressed high levels of satisfaction with the standard of care, facilities and services provided in the home. A number of patients and residents were unable to express their views verbally. These patients and residents indicated by positive gestures that they were happy living in the home.

Examples of patients' and residents' comments were as follows:

- "I am very happy with everything here."
- "Food is very good."
- "I have no complaints."

6.3 Staffing/Staff Comments

On the day of inspection the number of registered nurses and care staff rostered on duty were in line with the RQIA's recommended minimum staffing guidelines for the number of patients and residents currently in the home.

The inspector spoke to a number of staff during the inspection.

No issues or concerns were brought to the attention of the inspector.

Examples of staff comments were as follows:

- "This is a good home we work well as a team."
- "The patients and residents are well cared for."

6.4 Environment

The inspector undertook a tour of the premises and viewed the majority of the patients' and residents' bedrooms, sitting areas, dining rooms, laundry, kitchen, bathroom, and shower and toilet facilities. The home was found to be clean warm and comfortable with a friendly and relaxed ambience.

7.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Sandra Blackburn, Administrative Manager and Mr Tony Quinn Registered Nurse in Charge as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

Heather Moore
The Regulation and Quality Improvement Authority
Hilltop
Tyrone & Fermanagh Hospital
Omagh
BT79 0NS

Heather Moore
Inspector/Quality Reviewer

Date

Quality Improvement Plan

Unannounced Primary Inspection

Glenview

10 November 2014



The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Sandra Blackburn, Administrative Manager and Mr Tony Quinn, Registered Nurse in Charge and either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers/managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider/manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on the HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and the Nursing Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
		No Requirements were made as a result of this inspection.			

Recommendations

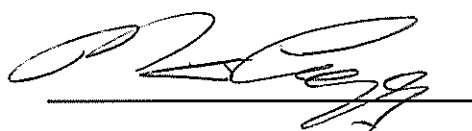
These recommendations are based on the Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	19.1	It is recommended that patients and residents continence assessments are fully recorded and completed appropriately. Ref: 19.1	One	THIS HAS BEEN ADDRESSED AND IS ONGOING.	From the date of this inspection
2	19.4	It is recommended that a Continence Link Nurse be appointed in the home. Ref: 19.4	One	SR. K. McCAMMON HAS AGREED TO BE LINK NURSE.	One Month
3	19.4	It is recommended that regular audits of the management of patients and residents who are incontinent be undertaken and the findings acted upon to enhance already good standards of care. Ref:19.4	One	THIS HAS BEEN ADDRESSED.	One Month
4	5.3	It is recommended that the patients' pressure relieving equipment in use on patients' beds and when sitting out of bed be addressed in patients care plans on pressure area care and prevention. Follow up on previous issues	Two	THIS HAS BEEN ADDRESSED.	From the date of this inspection

5	28.4	It is recommended that registered nurses as appropriate are trained in male catheterisation. Ref 19.4	One	I ATTENDED URINARY CATHETER AWARENESS ON 16/12/14 AND ENQUIRED IF WHEN MALE CATHETERISATION TRAINING WAS AVAILABLE. SPEAKER AT THIS SESSION WOULD LIASE WITH OLDER PEOPLE NURSE SPECIALIST TO ARRANGE TRAINING.	Three Months
---	------	---	-----	--	--------------

The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

The Regulation and Quality Improvement Authority
 Hilltop
 Tyrone & Fermanagh Hospital
 Omagh
 BT79 0NS

Signed: 

Name: MERWYN GREGG.
 Registered Provider

Date 22nd Dec. 2014

Signed: 

Name: CAROL SANDS
 Registered Manager

Date 22nd DECEMBER 2014.

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable			
Further information requested from provider			

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Heather Moore	06 January 2015
Further information requested from provider			