



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 14 October 2019



Glenview

Type of Service: Nursing Home

Address: 9 Cabragh Road,

Dungannon, BT70 3AH

Tel No: 028 8776 7132

Inspector: Jane Laird

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

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

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which provides care for up to 45 persons.

3.0 Service details

Organisation/Registered Provider: Glenview Responsible Individuals: Mervyn John Gregg Jennifer Elizabeth Gregg	Registered Manager and date registered: Veronica McElmurry 29 September 2016
Person in charge at the time of inspection: Veronica McElmurry	Number of registered places: 45 A maximum of 10 patients in category NH-DE.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 44

4.0 Inspection summary

An unannounced inspection was undertaken by the care inspector on 14 October 2019 from 11.00 hours to 19.00 hours.

The inspection assessed progress with any areas for improvement identified during and since the last care and medicines management inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

During this inspection we identified evidence of good practice in relation to adult safeguarding, falls management, care delivery and team work. Further areas of good practice were identified in relation to the culture and ethos of the home, listening to and valuing patients and their representatives and taking account of the views of patients.

Areas requiring improvement were identified in relation to infection prevention and control (IPC), control of substances hazardous to health (COSHH) and risk management. An area for improvement identified at the previous inspection in relation to quality governance audits has been stated for a second time.

Patients described living in the home in positive terms. Comments received from patients, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	3	*1

*The total number of areas for improvement includes one standard which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Veronica McElmurry, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 17 and 19 April 2019

The most recent inspection of the home was an unannounced care, medicines management and premises inspection undertaken on 17 and 19 April 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous care, medicines management and premises inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from 7 October 2019 to 20 October 2019
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction files
- three patient care records
- three patient care charts including food and fluid intake charts, repositioning charts and bowel management records
- a sample of governance audits/records
- medicine records relating to the management of eye preparations
- complaints record
- compliments received
- a sample of monthly monitoring reports for August 2019 and September 2019
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as either met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection(s)

Areas for improvement from the last care inspection		Validation of compliance
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		
Area for improvement 1 Ref: Regulation 29 Stated: Second time	The registered person shall ensure that the monthly quality monitoring report is robust, provides sufficient information on the conduct of the home and includes an action plan of any identified areas for improvement following the visit. Action taken as confirmed during the inspection: The inspector confirmed that the monthly quality monitoring reports provided sufficient information on the conduct of the home which included an action plan of any identified areas for improvement following the visit.	Met

<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p>	<p>The registered person shall take adequate precautions against the risk of fire. Ensure fire doors are not propped/held open unless fitted to a device that will release the door in the event of a fire.</p> <p>Action taken as confirmed during the inspection: The inspector confirmed that fire doors were not held open unless they were fitted to an automatic door release device.</p>	Met
<p>Area for improvement 3</p> <p>Ref: Regulation 27</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a refurbishment plan is implemented to include the repair or replacement of identified furniture in a number of patient bedrooms and repair to damaged walls in multiple rooms.</p> <p>A copy of the refurbishment plan, including timescales, should be submitted with the returned QIP.</p> <p>Action taken as confirmed during the inspection: The inspector confirmed that a refurbishment plan has been implemented.</p>	Met
<p>Area for improvement 4</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered person shall investigate the observations made in the administration of one patient's eye preparations and forward a written report of the findings and action taken to RQIA.</p> <p>Action taken as confirmed during the inspection: A written report of the findings and action taken in relation to the identified patient's eye preparations were forwarded to RQIA as requested.</p>	Met
<p>Area for improvement 5</p> <p>Ref: Regulation 13(4)</p> <p>Stated: First time</p>	<p>The registered person shall develop and implement a robust system to manage eye preparations.</p> <p>Action taken as confirmed during the inspection: The inspector confirmed that a daily audit had been implemented to manage eye preparations.</p>	Met
<p>Area for improvement 6</p> <p>Ref: Regulation 13 (1) (a)</p>	<p>The registered person shall ensure that the nursing, health and welfare of patients is in accordance with their planned care and the</p>	Met

<p>Stated: First time</p>	<p>recommendations of other health care professionals.</p> <p>Specific reference to recording charts and daily records:</p> <ul style="list-style-type: none"> • Action taken should be documented within daily records when set fluid targets have not been maintained • Where a patient has been repositioned the frequency should reflect the current care plan and state the intervention on each repositioning • Where a patient has not had a bowel movement within a time frame which is normal for them, the action taken must be clearly documented <p>Action taken as confirmed during the inspection: The inspector reviewed a sample of care records and recording charts which evidenced that the above area for improvement has been suitably addressed.</p>	
<p>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</p>		<p>Validation of compliance</p>
<p>Area for improvement 1</p> <p>Ref: Standard 28</p> <p>Stated: First time</p> <p>To be completed by: 17 May 2019</p>	<p>The registered person shall ensure that an effective auditing system is developed and implemented which covers all aspects of medicines management.</p> <p>Action taken as confirmed during the inspection: The inspector confirmed that an effective auditing system has been developed and implemented which covers all aspects of medicines management.</p>	<p>Met</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6</p> <p>Stated: First time</p>	<p>The registered person shall ensure that patients are respected and their rights to privacy and dignity are upheld at all times.</p> <p>This is with specific reference to ensuring that a lock is installed to the identified communal toilet door.</p> <p>Action taken as confirmed during the inspection: The inspector confirmed that a lock has been installed to the identified communal toilet door.</p>	<p>Met</p>

<p>Area for improvement 3</p> <p>Ref: Standard 37</p> <p>Stated: First time</p>	<p>The registered person shall ensure that confidential information relating to patients is stored securely within the home.</p> <hr/> <p>Action taken as confirmed during the inspection: The inspector confirmed that confidential information relating to patients is stored securely within the home.</p>	<p>Met</p>
<p>Area for improvement 4</p> <p>Ref: Standard 11</p> <p>Stated: First time</p>	<p>The registered person shall ensure that the programme of activities is displayed in a suitable format and in an appropriate location so that patients know what is scheduled.</p> <hr/> <p>Action taken as confirmed during the inspection: The inspector confirmed that the programme of activities was displayed in a suitable format and in an appropriate location accessible to patients.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home.</p> <ul style="list-style-type: none"> • Environmental audits should be sufficiently robust to ensure that any deficits are appropriately identified and actioned • Governance audits in respect of post falls management, care records and wound care should be improved to ensure any deficits are appropriately identified and actioned. <hr/> <p>Action taken as confirmed during the inspection: Observation of the environment identified a number of deficits that were not identified during the monthly environmental audits. This area for improvement has not been met and is discussed further in 6.2.5.</p> <p>Governance audits in respect of post falls management, care records and wound care were reviewed by the inspector and were well maintained.</p>	<p>Partially met</p>

6.2 Inspection findings

6.2.1 The Patient Experience

We arrived in the home at 11.00 hours and were greeted by staff who were helpful and attentive. Patients were seated within one of the lounges or in their bedroom, as per their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

Discussion with patients and staff and review of the activity programme displayed in reception areas evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. On the day of the inspection the activity person discussed the provision of activities and the current arrangements within the home to facilitate community involvement. Patients and their relatives were observed within the activity room sewing fabric squares to make a patchwork quilt along with the activity coordinator and appeared to enjoy the interaction between each other.

Patients' bedrooms were personalised with possessions that were meaningful to the patient and reflected their life experiences. Patients and staff spoken with were complimentary in respect of the home's environment whilst recognising that there is ongoing refurbishment. This is discussed further in 6.2.4.

We observed the serving of the lunchtime meal which commenced at 12.30 hours. Patients were assisted to the dining room or had trays delivered to them as required. The menu was on display at each table within the dining areas and offered a choice of two main meals. The dining rooms were well presented with table clothes, condiments and drinking glasses available at each table and staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks, how to modify fluids and how to care for patients during mealtimes. Staff were observed assisting patients with their meal appropriately and wore aprons when serving or assisting with meals. A range of drinks were offered to patients and they appeared to enjoy the mealtime experience.

Consultation with 14 patients individually, and with others in small groups, confirmed that living in Glenview was a positive experience.

Patient comments:

- "Staff are all very good."
- "Food is very good."
- "It's a great place here."
- "Very well looked after here."
- "Great staff. Always get you what you need."

Representatives’ comments:

- “Ten out of ten here.”
- “Care is great.”
- “Great place. No concerns.”
- “Great here”

We also sought relatives’ opinion on staffing via questionnaires. Three questionnaires were returned from patients’ representatives. The respondents were very satisfied with the service provision across all four domains.

Any comments from patients, patient representatives and staff in returned questionnaires received after the return date were shared with the manager for their information and action as required.

There were no areas for improvement identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.2.2 Staffing provision

The manager confirmed the planned daily staffing levels for the home and that these levels were subject to a monthly review to ensure that the assessed needs of patients were met. Staffing rotas for weeks commencing 7 October 2019 and 14 October 2019 were reviewed which evidenced that the planned staffing levels were adhered to on most occasions. However, there was evidence of short notice absence over the two week period. Staff spoken with stated that they were aware of the homes recruitment drive and welcomed the addition of new employees to enhance the availability of cover during short notice absence. Discussion with the manager identified that recruitment for suitably skilled and experienced care assistants was ongoing to ensure a full complement of staff are employed by the home.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients but also stated that this is effected occasionally due to short notice absenteeism. Staff also stated that they felt supported by management. Comments included:

- “I love it here.”
- “Manager very supportive.”
- “Great team.”
- “Best induction I have had”

We also sought staff opinion on staffing via the online survey. There was no response in the time frame allocated.

Observation of the delivery of care evidenced that patients’ needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner. Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Glenview. We also sought the opinion of patients on staffing via questionnaires. Three questionnaires were returned from patients and two questionnaires were returned which did not

state if they were from a patient or a patients representative. One respondent was satisfied and four respondents were very satisfied with the service provision across all four domains. Comments included; “The staff are very nice and helpful”, “I thoroughly enjoy the activities the home has each week and the outside entertainment that comes in”, “Nurses are fantastic” and “The food is fabulous”.

Discussion with staff evidenced that care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that this was part of their daily routine.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other health care professionals. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge.

There were no areas for improvement identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.2.3 Management of patient care records

Review of three patient care records evidenced that care plans were in place to direct the care required and generally reflected the assessed needs of the patient. We also reviewed the management of nutrition, patients’ weight, management of falls and wound care. A daily record had been maintained to evidence the delivery of care and there was evidence that the care planning process included input from patients and/or their representatives, if appropriate. A system was also in place to audit patient care records and each patient had a key worker. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals.

Supplementary care charts such as fluid intake, repositioning and bowel management were generally well maintained. Staff demonstrated their knowledge regarding the necessary action they would take if set fluid targets were below the recommended daily intake. We identified that where a patient did not have a bowel movement within the time frame which was normal for them; the action taken was not always documented within the daily progress notes but was instead entered into a daily shift hand over sheet. This was discussed with the manager who agreed to review current systems for recording bowel frequency and to communicate with all relevant staff regarding the importance of documenting within the patients daily progress notes to ensure that records are easily obtained.

The management of eye preparation medicines was reviewed for a sample of patients. The dosage instructions were recorded on the personal medication record indicating the amount of drops to be instilled and to which eye. Dates of opening were included on the container with a daily audit of each administration maintained. The recommended date for renewal was discussed with the manager and during the inspection the registered nurses recorded and highlighted the date for renewing the eye drops at the bottom of the daily audit sheets. This was identified as an area for improvement at the previous medicines management inspection which has been suitably addressed.

Medication audits were reviewed which were carried out monthly by the deputy manager and on two occasions by the community pharmacist since the last inspection. Where the audits had identified deficits appropriate action had been taken and then followed up by the deputy manager. This was identified as an area for improvement at the previous medicines management inspection which has been suitably addressed.

On review of patient care records we identified that a patient who had been prescribed “when required” analgesia had been receiving the medication on a regular basis. This was discussed with the manager who agreed to liaise with the patient’s general practitioner (GP) to review the patient’s prescription. We further advised the manager to include the review of “when required” medication into the monthly medicine audits.

There were no new areas for improvement during the inspection within this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.2.4 General environment

As previously discussed in 6.2.1 a review of the home’s environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, the dining rooms and storage areas. Fire exits and corridors were observed to be clear of clutter and obstruction. The home was found to be warm and comfortable throughout. It was observed that a number of areas throughout the home had been decorated as per refurbishment plan, however, paint work to a number of identified walls within the dementia unit and floor coverings between bedrooms and ensembles remained worn with the surface of identified bedroom furniture damaged including bed frames and over bed tables and therefore unable to be appropriately cleaned. The manager discussed the refurbishment plan which had been initiated with ongoing dates for redecorating and replacement of identified bedroom furniture. This will be reviewed at a future inspection.

A number of infection prevention and control deficits were identified in relation to the cleanliness of furniture/equipment within patients’ bedrooms, bathrooms and corridors. The underneath of identified patient equipment evidenced that these had not been effectively cleaned following use and dust was observed on a number of radiator surfaces. Continence aids were identified as being left open outside of the packaging throughout the home which risked contamination prior to patient use and hoists with slings were inappropriately stored in communal bathrooms. This was discussed in detail with the manager and an area for improvement was identified.

On review of the environment concerns were identified in the management and storage of chemicals which were identified unsupervised within an unlocked store. This was discussed with the manager who agreed to review this practice and to communicate with all staff regarding the importance of ensuring that areas where chemicals are stored are kept secure to ensure patient safety and was identified as an area for improvement.

Patient toiletries including razors were easily accessible within the dementia nursing care unit and presented a potential risk to patients. Further concerns were identified in regards to the potential ligature risks associated with window blinds. This was discussed with the manager who acknowledged the risks associated and agreed to communicate with all relevant staff and ensure patient toiletries are secured and a risk assessment carried out on individual patients to determine the most appropriate location for these items and the suitability of window blinds. This was identified as an area for improvement.

Prescribed topical preparations were observed to have been inappropriately stored in a patient's bedroom within the general nursing unit and within an unlocked store in the dementia unit. This was discussed with the registered nurse in charge of each unit and the topical preparations were removed to the treatment room. The need for the manager to ensure that prescribed topical preparations are securely stored at all times was emphasised.

The following areas were identified for improvement in relation infection prevention and control (IPC), control of substances hazardous to health (COSHH) and risk management.

	Regulations	Standards
Total number of areas for improvement	3	0

6.2.5 Management and Governance of the home

Since the last inspection there has been no change in management arrangements. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with staff/patients/representatives evidenced that the manager's working patterns supported effective engagement with patients, their representatives and the multi-professional team. Staff were able to identify the person in charge of the home in the absence of the manager.

The certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. Discussion with staff, and observations confirmed that the home was operating within the categories of care registered.

Discussion with the manager and review of records evidenced that quality monitoring visits were completed on a monthly basis by an external consultant on behalf of the responsible individual. Copies of the report were available for patients, their representatives, staff and trust representatives.

We reviewed accidents/incidents records in comparison with the notifications submitted by the home to RQIA which verified that records were maintained appropriately, however, there was an incident where a notification had not been submitted to RQIA in accordance with regulation. This was discussed with the manager who submitted the notification retrospectively and further agreed to communicate with all relevant staff regarding the timely reporting of notifications.

As discussed in 6.1 a number of audits were completed on a monthly basis by the management team to ensure the safe and effective delivery of care. Falls in the home were monitored on a monthly basis for any patterns and trends which provided the location, time and nature of the fall. IPC, care records, wound care, hand hygiene and environment audits were also carried out monthly. However, on review of the IPC issues identified during inspection a discussion was held with the manager around the effectiveness of the environmental audits which was identified as an area for improvement at the previous inspection and has been stated for a second time.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

There were no areas for improvement identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Veronica McElmurry, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales. Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed.</p> <p>Ref: 6.2.4</p>
	<p>Response by registered person detailing the actions taken: Issues addressed with monthly ongoing audit inplace.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a) (b) and (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediate effect</p>	<p>The registered person shall ensure that cleaning chemicals are stored in accordance with COSHH regulations.</p> <p>Ref: 6.2.4</p>
	<p>Response by registered person detailing the actions taken: Keypad replaced on store door and all staff reminded of appropriate storage of chemicals.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (2) (t)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall, having regard to the number and needs of the patients, ensure that a risk assessment to manage health and safety is carried out and updated when necessary.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • storage of toiletries including razors • window blinds <p>Ref: 6.2.4</p>
	<p>Response by registered person detailing the actions taken: Storage of toiletries reviewed and blinds removed.</p>

Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
<p>Area for improvement 1</p> <p>Ref: Standard 35</p> <p>Stated: Second time</p> <p>To be completed by: 14 December 2019</p>	<p>The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home.</p> <ul style="list-style-type: none"> • Environmental audits should be sufficiently robust to ensure that any deficits are appropriately identified and actioned • Governance audits in respect of post falls management, care records and wound care should be improved to ensure any deficits are appropriately identified and actioned. <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken: Audits are now completed with an action plan and follow-up review.</p>

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



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