



Unannounced Care Inspection Report 20 December 2020



Glenview

Type of Service: Nursing Home

**Address: 9 Cabragh Road,
Dungannon, BT70 3AH**

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Inspector: John McAuley

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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 nursing home registered to provide 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: Tony Quinn, staff nurse then Veronica McElmurry from 13.40	Number of registered places: 45
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: 35

4.0 Inspection summary

An unannounced inspection took place on 20 December 2020 from 11.30 to 16.10 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The following areas were examined during the inspection:

- staffing
- safeguarding
- the home's environment
- Infection Prevention and Control (IPC)
- care delivery
- care records
- fire safety
- governance and management.

Feedback from patients throughout this inspection in accordance with their capabilities was all positive and complimentary.

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	0	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Veronica McElmurry, manager and Tony Quinn, staff nurse, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with 17 patients, one patient's relative and seven staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and ten patients' relatives/representatives questionnaires were left for distribution. The inspector left 'Tell Us you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rota
- competency and capability assessments
- staff induction records
- professional registration records
- patients' care records
- IPC records and audits
- fire safety risk assessment
- fire safety records
- Regulation 29 reports
- complaints records
- staff training records
- quality assurance audits.

The findings of the inspection were provided to Veronica McElmurry, manager and Tony Quinn, staff nurse, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 14 October 2019.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 Stated: First time	The registered person shall ensure that the environmental and infection prevention and control issues identified during this inspection are urgently addressed.	Met
	Action taken as confirmed during the inspection: The identified issues have been addressed and there were corresponding audits in place to support this.	
Area for improvement 2 Ref: Regulation 14 (2) (a) (b) and (c) Stated: First time	The registered person shall ensure that cleaning chemicals are stored in accordance with COSHH regulations.	Met
	Action taken as confirmed during the inspection: General observations in the environment at the time of this inspection found that all cleaning chemicals were stored in accordance with COSHH regulations.	
Area for improvement 3 Ref: Regulation 27 (2) (t) Stated: First time	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. With specific reference to: <ul style="list-style-type: none"> • storage of toiletries including razors • window blinds 	Met
	Action taken as confirmed during the inspection: These risk assessments with subsequent appropriate actions have been put in place.	

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 35 Stated: Second time	The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home. <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. 	Met
	Action taken as confirmed during the inspection: An inspection of the quality assurance audits found these to be robust with consequential action plans put in place to address any issues identified.	

6.2 Inspection findings

6.2.1 Staffing

An inspection of the duty rota confirmed that it accurately reflected all of the staff working within the home. The manager reported that any member of staff in charge of the home in her absence was assessed as competent and capable to do so. An inspection of a sample of two competency and capability assessments confirmed these were appropriately in place. Competency and capability assessments are reviewed on an annual basis. Two staff members' induction records were also inspected and these were comprehensive in their detail and in line with each of staff member's roles and duties.

Staffing levels at the time of this inspection were in keeping with patients' dependencies and the size and layout of the home.

Inspection of the professional registration register for staff confirmed that all staff employed in the home had up-to-date registration with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

Staff spoke positively about their roles and duties, staffing levels, teamwork, training and managerial support. Staff stated that patients received a good standard of care and were treated with dignity and respect.

6.2.2 Safeguarding

The manager demonstrated a good understanding of the safeguarding process, namely, how a safeguarding referral(s) would be made to the aligned health and social care trust, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

Discussions with care staff confirmed that they had knowledge and understanding of this policy and procedure, as well as the whistleblowing policy. Staff stated that they would have no hesitation in coming forward to report any concerns and that they felt they would be supported by management to do so.

Staff training records confirmed that training in safeguarding was in place for all staff on an up-to-date basis.

6.2.3 The home's environment

The home was clean and tidy throughout with a good standard of décor and furnishings. Communal areas were spacious and nicely facilitated. Residents' bedrooms were comfortable and tastefully furnished with some personalised through choice. Bathrooms and toilets were clean and hygienic.

There were good time and date memoirs in place to assist with patients' orientation.

The grounds of the home were well maintained.

6.2.4 Infection prevention and control (IPC)

Good protocols were in place to accommodate visitors to the home in line with current guidance, including visiting professionals. There also was good documentation in place pertaining to information and management of the COVID-19 pandemic. This was regularly updated and disseminated to staff.

Observations of care practices, discussions with staff and inspection of IPC audits confirmed good IPC measures were in place. Staff were knowledgeable in relation to best practice guidance with hand washing and the use of Personal Protective Equipment (PPE). Staff were observed to wash their hands and use alcohol hand gels at appropriate times.

There was a good supply of PPE and hand sanitising gel at the entrance to the home and within each of the units. Signage was displayed in accessible areas, providing information and guidance on COVID-19 and handwashing.

6.2.5 Care delivery

Patients were comfortable and content in their environment and interactions with staff. Staff attended to residents' needs in a kind, caring manner and their interactions with patients was warm, friendly and supportive.

Staff sought consent with assisting with personal care, mobility or dietary needs with the use of opening statements such as: "Would you like to..." Proposed tasks were also clearly explained with kindness and thought.

In accordance with their capabilities, patients spoke with praise and gratitude about the provision of care, the kindness and support received from staff and the provision of meals. Some of the comments made included statements such as:

- “It’s all good here. There are no complaints. The staff are super.”
- “I like it here very much. I am very well cared for.”
- “I feel safe here. The staff are all kind. I can see my son via the visiting pod which is great and I am thankful for this.”
- “Everything is great. The food is perfect.”
- “It couldn’t be better. I am very happy here.”

A visiting relative was keen to express his praise and gratitude for the care, support and kindness provided by staff and described the home as, “excellent.”

One staff member made comments with the following statement;

- “I can honestly say this is a great home. If I had a relative that needed care, I’d like them to come here. The food is first class.”

The Sunday dinner time meal appeared appetising and nicely presented, with a good provision of choice. Observations in the dementia care part of the home found that staff assisted patients in an unhurried kind manner with nice interactions to add patients’ enjoyment of the meal. The main dining room was facilitated well and there was a nice ambience in place for patients to enjoy their meal.

A church choir visited the home in the afternoon and sang Christmas hymns and songs in the grounds of the home in accordance with social distancing, which was enjoyed by a number of patients.

6.2.6 Care records

An inspection of four patients’ care records was undertaken on this occasion.

A holistic assessment of needs was in place, supported with assessment tools pertaining to dietary care, moving and handling and falls. Care plans were written in a comprehensive detailed manner and were based on these assessments. Care reviews were up-to-date and informative.

Evidence was in place to confirm that the patient or their representative was included in the care planning process.

Progress records were well recorded and included evidence of multi-disciplinary healthcare input and advice.

6.2.7 Fire safety

The home’s most recent fire safety assessment was dated 9 September 2020. The one recommendation made within the assessment had corresponding evidence recorded of actions taken by the manager.

At the time of this inspection there were two fire exits partially obstructed with Christmas gifts and decoration. This was brought to the attention of the nurse in charge who promptly removed the obstruction and agreed to bring this issue for staff vigilance to maintain. This was further discussed with the manager during feedback who agreed to monitor during daily walk arounds.

Fire safety training was in place for all staff and fire safety drills had been maintained on a regular and up-to-date basis, as were fire safety checks throughout the environment.

6.2.8 Governance and management

The home has a defined management structure. The manager was on duty in the afternoon of the inspection as a nurse in the dementia unit of the home.

Inspection of the previous three months' Regulation 29 monthly reports found this to be well maintained and demonstrated some examples of robust governance.

An area of improvement was identified with the recording of complaints, in that there was a need to improve the recording of actions taken and to clearly record the outcome of the complaint, on whether the complainant was or was not satisfied with the outcome. This was discussed in detail with the manager.

Staff training records were well maintained and gave good oversight of training received. The records contained evidence that mandatory training for staff and areas of additional training were being maintained.

The accident and incident reports from 1 April 2020 to the date of this inspection were inspected. These reports were found to have been managed appropriately and reported to the relevant stakeholders.

Quality assurance audits pertaining to the NISCC registration of staff, the environment, IPC, staff training, and accidents and incidents were robustly completed with corresponding action plans in place for any issues identified.

Areas of good practice

Areas of good practice were found in relation to staffing, IPC protocols, care records and care practices pertaining to ensuring patients' comfort, social wellbeing and meal delivery.

Areas for improvement

One area of improvement was identified during the inspection. This was in relation to the recording of complaints and the outcomes.

	Regulations	Standards
Total number of areas for improvement	0	1

6.3 Conclusion

Patients were seen to be well cared for with staff attending to their needs in a kind and respectful manner. Care duties and tasks were carried out in an organised unhurried manner. The environment was clean, tidy and well maintained with comfort afforded to patients' well-being and needs.

7.0 Quality improvement plan

The one area of improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Veronica McElmurry, manager and Tony Quinn, staff nurse, 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 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 16(11)</p> <p>Stated: First time</p> <p>To be completed by: 27 December 2020</p>	<p>The registered person shall ensure that the management of complaints clearly record the outcome of the investigation and confirmation of whether or not the complainant is satisfied.</p> <p>Ref: 6.2.8</p> <p>Response by registered person detailing the actions taken: The management of complaints will be more clearly documented recording a clearer outcome.</p>
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