



Unannounced Care Inspection Report 23 August 2018



Glenview

Type of Service: Nursing Home (NH)
Address: 9 Cabragh Road, Dungannon, BT70 3AH
Tel no: 02887767132
Inspector: Heather Sleator

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.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care and residential care for up to 45 persons.

3.0 Service details

Organisation/Registered Provider: Glenview Responsible Individual: Mervyn John Gregg	Registered Manager: Veronica McElmurry
Person in charge at the time of inspection: Veronica McElmurry	Date manager registered: 29 September 2016
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 registered places: 45 A maximum of 10 patients in category NH-DE. There shall be a maximum of 1 named resident receiving residential care in category RC-I.

4.0 Inspection summary

An unannounced inspection took place on 23 August 2018 from 09.15 to 17.00.

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.

The term 'patient' is used to describe those living in Glenview which provides both nursing and residential care.

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

Evidence of good practice was found in relation to staffing and staff development, adult safeguarding, infection prevention and control, and the home's environment. There were examples of good practice found throughout the inspection in relation to assessment of patient need, the management of falls, dementia care practice and the delivery of wound care. Good practice was observed in relation to the culture and ethos of the home, mealtimes and the provision of activities.

Areas for improvement were identified under regulation in relation to the safe management of substances hazardous to health and a more robust and informative approach to the monthly quality monitoring report (Regulation 29 report).

An area for improvement was identified under the care standards and was in relation to ensuring the care plans for the management of distressed reactions are detailed and specific as to how to best support the patient.

Patients described living in the home in positive terms; refer to section 6.6 for further information. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

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	2	1

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 4 June 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 4 June 2018.

There were no further actions required to be taken following the most recent 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
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents(SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with 10 patients individually and others in small groups. We also met with nine staff. There were no patients' visitors/representatives who wished to meet with us at the time of the inspection. A period of observation of care practice at the time of the serving of the midday meal, was undertaken. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey for staff not on duty during the inspection. We provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients, relatives and families, 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 for all staff from 6 August 2018 to 23 August 2018
- 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
- two staff recruitment and induction files
- three patient care records
- four patient care charts including food and fluid intake charts and reposition charts
- a sample of governance audits
- complaints record
- compliments received
- RQIA registration certificate
- a sample of monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 the most recent inspection dated 4 June 2018

The most recent inspection of the home was an unannounced medicines management inspection. No areas for improvement were identified.

6.2 Review of areas for improvement from the last care inspection dated 17 May 2017

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 (4) (b) Stated: First time	The registered persons must ensure that precautions are in place that minimise the risk of fire and protect patients, staff and visitors in the event of a fire.	Met
	This refers specifically to the observed practice of storing wheelchairs and other items in front of the fire exit on the dementia unit	
	Action taken as confirmed during the inspection: Observation of the premises evidenced that all fire exits were free from obstruction.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 38 Stated: First time	The registered persons should ensure that recruitment records include information to explain the reasons for leaving previous employment.	Met
	Action taken as confirmed during the inspection: The review of two staff recruitment and selection records evidenced that all required information was present including the applicants' reasons for leaving their previous employment.	

Area for improvement 2 Ref: Standard 44 Stated: First time	The registered persons should ensure that all parts of the home are well maintained and remain suitable for their stated purpose. This refers specifically to the bedrooms and ensembles in the older part of the home. <u>A refurbishment plan with timescales must be submitted to RQIA with the returned QIP.</u>	Met
	Action taken as confirmed during the inspection: Observation of the premises, specifically the previously identified areas, evidenced that refurbishment of the areas had taken place.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota from 6 to 23 August 2018 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff.

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.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff said that on occasions staffing levels were affected by short notice leave. We also sought staff opinion on staffing via the online survey however there were no questionnaires completed and returned by staff.

Patients spoken with indicated that they were well looked after by the staff and felt safe and happy living in Glenview. Comments received from patients included; “they’re good people here” and “staff are very helpful”.

There were no relatives available during the inspection to comment on the provision of care in the home. We also sought relatives’ opinion on staffing via questionnaires however there were no questionnaires completed and returned prior to the issue of the report.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced AccessNI checks were sought, received and reviewed

prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that a process was in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records. Staff confirmed that they were enabled to attend training and that the training provided them with the necessary skills and knowledge to care for the patients. Training was delivered via online training and through face to face interactive sessions. Records evidenced good compliance with mandatory training. The registered manager and staff confirmed that systems were in place to ensure staff received annual appraisal and regular supervision.

Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager confirmed that the regional operational safeguarding policy and procedures were embedded into practice. Systems were in place to collate the information required for the annual adult safeguarding position report.

Review of three patients' care records evidenced that a range of validated risk assessments were completed and reviewed as required. These assessments informed the care planning process.

We reviewed accidents/incidents records for the period March - July 2018 in comparison with the notifications submitted by the home to RQIA in accordance with Regulation 30 of The Nursing Homes Regulations (Northern Ireland) 2005. Records were maintained appropriately and notifications were submitted in accordance with regulation. Discussion with the registered manager and review of records confirmed that on a monthly basis falls occurring in the home were analysed to identify if any patterns or trends were emerging. Records evidenced that appropriate risk assessments had been completed prior to the use of restrictive practices, for example; bed rails and alarm mats.

Observation of practices, discussion with staff and review of records evidenced that infection prevention and control (IPC) measures were adhered to. The registered manager completed an IPC audit on a monthly basis. We observed that remedial work was required in a bathroom and that one sluice room was unlocked throughout the inspection. Cleaning agents were visible and therefore accessible to patients. This contravenes the Control of Substances Hazardous to Health Regulations. This was discussed with the registered manager and has been identified as an area for improvement under regulation. We observed that personal protective equipment, for example gloves and aprons, were available throughout the home.

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges and dining rooms. The home was found to be warm and clean throughout. The wall in a patient's bedroom required to be made good where a chair had rubbed against the wall; this was brought to the attention of the registered manager who agreed to address the issue immediately.

Fire exits and corridors were observed to be clear of clutter and obstruction. The registered manager stated the most recent fire risk assessment had been completed on 26 October 2017 and any actions identified had been addressed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, and the home’s environment.

Areas for improvement

The following areas were identified for improvement in relation to the safe storage of substances hazardous to health.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Review of three patient care records evidenced that generally care plans were in place to direct the care required and reflected the assessed needs of the patient. We reviewed the management of nutrition, patients’ weight, management of falls and wound care. Care records generally contained details of the care requirements in each of the areas reviewed and a daily record was maintained to evidence the delivery of care.

We discussed the monitoring of patients’ weights and were informed that all patients were weighed a minimum of a monthly basis. The registered manager stated that if a patient has a weight loss of between five and 10 percent that they are referred to the dietician. The Southern Health and Social Care Trust have implemented a system similar to a virtual ward round with the dietetics team in the Trust. Dieticians monitor patients who have a weight loss on a weekly basis. We reviewed the management of nutrition for one patient. A nutritional risk assessment was completed monthly; a care plan for nutritional management was in place. Food and fluid intake charts were maintained with fluid intake reconciled on a 24 hour basis.

We reviewed the management of falls for three patients. Falls risk assessments were completed and reviewed regularly. Care plans for falls management were in place and were reviewed for each patient following a fall.

We reviewed the management of wound care for two patients. Care plans contained a description of the wound, location and the dressing regime. Wound care records evidenced that dressing regimes were adhered to. Wound care management was in accordance with professional and care standards. Records evidenced that patients were assisted to change their position for pressure relief in accordance with their care plans.

We reviewed the care records for a patient who displayed distressed reactions. The patient’s care plan did not provide sufficient information on the type of behaviour displayed, any known triggers and how to support the patient when they became distressed. This was discussed with the registered manager and has been identified as an area for improvement under the care standards.

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), SALT and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), the speech and language therapist (SALT) or the dietician changed.

Discussion with staff evidenced that nursing and care assistant/s 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 the shift handover provided information regarding each patient’s condition and any changes noted.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the manager or the nurse in charge. All grades of staff consulted demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals. There was evidence of communication with patients, relatives and staff and the minutes of the meetings were reviewed. There was a relatives noticeboard in the home which provided relatives information in respect of the home’s complaints procedure, the most recent monthly quality monitoring report (Regulation 29 report), adult safeguarding information and an overview of accidents that had occurred between January and the end of June 2018.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to assessment of patient need, the management of nutrition, falls and the delivery of wound care.

Areas for improvement

An area for improvement was identified in relation to ensuring that patient care records accurately reflect the wellbeing of any patient where distressed reactions may occur.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We arrived in the home at 09:15. Patients were enjoying their breakfast in the dining rooms or in their bedrooms as was their personal preference; some patients remained in bed, again in keeping with their personal preference. There was a calm atmosphere throughout the home.

Staff interactions with patients were observed to be compassionate, caring and timely. Consultation with 10 patients individually and with others in smaller groups, confirmed that patients were satisfied with the care afforded by staff. Staff were observed to knock on patients’ bedroom doors before entering and kept them closed when providing personal care.

The home has a self-contained 10 bedded dementia unit on the lower ground floor with a separate entrance. The environment of the dementia unit was inviting and enabling. There were orientation cues for patient and attractive artwork and murals on the walls. There was a dedicated team of staff who were allocated to and enjoyed caring for persons living with dementia. The lighting in the dining room could have been brighter and more appropriate for the patients. This was discussed with the registered manager who agreed to action this.

Patients said that they were generally happy living in the home. Those who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. We observed the approach of staff and interaction and engagement with patient during the serving of the midday meal. This was a positive experience for patients. Staff were attentive providing assistance and prompts to patients during the meal service, quietly and sensitively.

Discussion with patients and staff and review of the activity programme evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. Patients spoke highly of the activities on-going in the home. A selection of games/equipment was available in the lounges and there was a dedicated activities room where arts and crafts type activities take place. We observed that whilst staff were involved in a number of duties they made time to spend and engage with patients.

We observed the serving of the lunchtime meal. Patients were assisted to the dining room or had trays delivered to them as required. Staff were observed assisting patients with their meal appropriately. Patients able to communicate indicated that they enjoyed their meal. Staff demonstrated their knowledge of patients' likes and dislikes regarding food and drinks. Registered nurses were present in the dining room during the meal service, monitoring and supervising the nutritional intake of patients.

We spoke with patients and comments included:

"Staff are very helpful"

"The food is pretty good though wouldn't say excellent"

"Too much food which isn't a bad thing"

"Staff are good, sometimes takes a bit of time for them to come to you"

"The food's better than a hotel"

"We're never done eating here"

Staff commented positively about the home and stated:

"The manager is approachable"

"Good home and staff all work together"

"I feel supported by the manager"

Relative questionnaires were also provided however we received no response within the timescale specified.

Staff were asked to complete an online survey; we received no responses within the timescale specified.

Any comments from relatives and staff in returned questionnaires or online responses received after the return date were shared with the registered manager for their information and action as required.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, mealtimes and the provision of activities.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

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.

Since the last inspection there has been no change in the management arrangements. A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Staff commented positively on the support and leadership provided to date by the registered manager. Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

We discussed the arrangements in place in relation to the equality of opportunity for patients and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of patients. The registered manager explained that diversity and equality of opportunity for patients was supported by staff; any training required by staff to support patients, would be provided as required.

Review of the home's complaints records evidenced that systems were in place to ensure that complaints were managed in accordance with Regulation 24 of The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

Discussion with the registered manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding accidents/incidents, IPC practices, care records and hygiene arrangements. In addition robust measures were also in place to provide the registered

manager with an overview of the management of infections and wounds occurring in the home.

Discussion with the registered manager and review of records evidenced that quality monitoring visits were completed on a monthly basis in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005. However, the review of the three most recent reports did not evidence that the time of commencing and finishing were stated, the information was repetitive and not informative, for example; the regulations and standards of inspections undertaken to the home were included twice in the report and had a statement of 'actioned'. An action plan as a result of the visits was not present. An action plan should be generated to identify and address any areas for improvement however the template in use did not clearly identify this. A sample template is available on RQIA's website and it would be beneficial to governance arrangements if a more robust template was in use. This has been identified as an area for improvement under regulation.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management arrangements, management of complaints and incidents and maintaining good working relationships.

Areas for improvement

An area for improvement under regulation was identified with regard to implementing a more robust template for the completion of the monthly quality monitoring report (Regulation 29 report).

	Regulations	Standards
Total number of areas for improvement	1	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	
Area for improvement 1 Ref: Regulation 14 (2) (a) Stated: First time To be completed by: Immediately	The registered person shall ensure that rooms where cleaning agents/chemicals are stored remain locked at all times. Ref: 6.4
	Response by registered person detailing the actions taken: Work on sluice now complete and keypad lock in place 24/08/18
Area for improvement 2 Ref: Regulation 29 Stated: First time To be completed by: 30 September 2018	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. Ref: 6.7
	Response by registered person detailing the actions taken: Reg 29 Report discussed with external consultant and action plans to be included.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 17 Stated: First time To be completed by: 30 September 2018	The registered person shall ensure that care plans provide the necessary information to support the patient/s and staff when responding to behaviours. Ref: 6.5
	Response by registered person detailing the actions taken: Nursing staff awareness increased to further develop their careplans to include their challenging behaviour records and resultant actions.

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



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