

Inspection Report

25 January 2022



Glenview

Type of service: Nursing Home
Address: 9 Cabragh Road, Dungannon, BT70 3AH
Telephone number: 028 8776 7132

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Glenview Registered Person: Mr. Mervyn John Gregg	Registered Manager: Mrs. Veronica McElmurry Date registered: 29 September 2016
Person in charge at the time of inspection: Mrs. Veronica McElmurry	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: 37
Brief description of the accommodation/how the service operates: This home is a registered Nursing Home which provides nursing care for up to 45 patients. The home is divided in two units over two floors.	

2.0 Inspection summary

An unannounced inspection took place on 25 January 2022, from 9.50am to 2.40pm by a care inspector.

The inspection assessed progress with the one area of improvement identified in the home 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.

The home was warm and free from malodour and bedrooms were tastefully personalised. Staffing arrangements were found to be safe and adjusted if required. We observed that staff were professional and polite as they completed their duties and they told us they were supported in their roles by the manager.

Patients were seen to be well cared for and said that living in the home was a good experience. There was evidence of attention to personal care and dressing and additional assistance and support was provided where this was required, in a compassionate manner. Calls for assistance were answered promptly and staff were seen to be diligent in ensuring patients' comfort.

The feedback from patients confirmed that they were satisfied with the care and service provided in the home.

There were no areas requiring improvement identified at the time of this inspection.

RQIA were assured that the delivery of care and services provided in the home was safe, effective, and compassionate and that the service was well led.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from patients, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with patients, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

4.0 What people told us about the service

Patients told us that they were well cared for. They described the staff as being helpful and friendly. Comments included: "They (the staff) are all very good and also very kind. I am being well looked after." and "It couldn't be better. No complaints. The food is very good too".

Staff spoke positively about working in the home and advised there was good team work within the home.

Discussion with the staff confirmed that they were knowledgeable in relation to the specific needs of the patients. Staff said that the manager was very approachable and that they felt well supported in their role.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Glenview was undertaken on 20 December 2020 by a care inspector.

Areas for improvement from the last inspection on 20 December 2020		
Action required to ensure compliance with the Care Standards for Nursing Homes (April 2015)		Validation of compliance
Area for Improvement 1 Ref: Standard 16(11) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: These records were maintained appropriately.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A review of a recently appointed staff member's recruitment files evidenced that enhanced AccessNI checks had been sought and received prior to staff commencing employment and that the recruitment process was in accordance with legislation.

There were systems in place to ensure staff were trained and supported to do their job. Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively. There was also a planner in place to ensure that staff received regular supervision and appraisal.

Appropriate checks had been made to ensure that all staff, as appropriate, maintained their registration with the Nursing & Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC). These checks are carried out on a monthly basis by the manager.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the nurse in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the patients.

The manager and staff told us that the number of staff on duty was regularly reviewed to ensure that the needs of the patients were met.

Competency and capability assessments were completed for the nurse in charge of the home when the manager was not on duty.

Staff said teamwork was good and that the manager was approachable. Staff were seen to attend to patients' needs in a timely manner and to maintain patients' dignity by offering personal care discreetly. Patients were offered choices throughout the day, for example, where and how they wished to spend their time and what activity they wished to engage in.

Patients said that they felt safe in the home and that staff were always available and were kind to them. Two patients made the following comments; "I am very happy here. This is a great place." and "I have no concerns at all. I can't praise the staff enough".

One staff member made the following comment; "I can honestly say the care here is very good. I would have no concerns with my parents coming into this home".

5.2.2 Care Delivery and Record Keeping

The atmosphere in the home was calm, homely and relaxed. Patients appeared settled in their surroundings and were able to choose how they spent their day. Patients were observed in communal areas such as the lounge and dining area while they conversed with other patients; other patients were observed spending time in their own bedrooms.

Staff were observed to be skilled in communicating with patients.

It was observed that staff respected patients' privacy by their actions such as knocking on doors before entering, discussing patients' care in a confidential manner, and by offering personal care to patients discreetly.

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences.

Patients' needs were assessed at the time of their pre admission to the home. Following admission care plans were developed in consultation with the patient, their next of kin and their aligned named worker to direct staff on how to meet patients' needs.

Patients' care records were held safely and confidentially.

Patients' individual likes and preferences were reflected throughout the records. Daily records were kept of how each patient spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Detailed and comprehensive care plan evaluations were retained in patients' care records. These provided up to date information about each patient and any change in their condition. These monthly evaluations evidenced communication with the wider multi-disciplinary team including the GP, district nurses, and care managers.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients may need a range of support with meals; this may include simple encouragement through to full assistance from staff. It was observed that patients were enjoying their meal and the overall dining experience. Staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. There was a choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. One patient made the following comment; "It's exceptionally good here and so are the staff and the meals".

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain and that an appropriate onward referral had been made to the GP in respect of an identified patient's weight loss.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment included a sample of bedrooms, bathrooms, storerooms and communal areas such as lounges and dining room. The home was clean, warm and well maintained.

Patients' bedrooms were personalised with items important to them such as pictures and sentimental items. Communal areas were well decorated, suitably furnished and comfortable.

The home's most recent fire safety risk assessment was on 17 November 2021. The three recommendations made from this assessment had corresponding evidence recorded of actions taken. Fire safety training, fire safety drills and fire safety checks in the environment were maintained on a regular and up-to-date basis.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for patients and staff and the manager advised that any outbreak would be reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of Personal Protective Equipment (PPE) had been provided.

Visiting arrangements were managed in line with Department of Health (DoH) and IPC guidance.

5.2.4 Quality of Life for Patients

Positive interactions were observed between staff and patients throughout the inspection. Patients spoke positively about the care they received in the home and were complementary towards the staff.

The atmosphere in the home was peaceful with patients seen to be comfortable and at ease in their environment and interactions with staff and one another. The genre of music played and television programmes was appropriate to the age group and tastes of patients.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted patients to make phone or video calls. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about patients, care practices or the environment.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to patients. There was evidence of auditing across various aspects of care and services provided by the home.

Review of the home's record of complaints confirmed that these were well managed. The manager confirmed that the outcome of complaints is used as a learning opportunity to improve practices and/or the quality of services provided by the home. One patient made the following comment; "I have no complaints. The staff are all brilliant. They really go out of their way for you, including Veronica, the manager".

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to patients' next of kin, their aligned named worker and to RQIA.

The home was visited each month by responsible individual to consult with patients' their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

6.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Mrs. Veronica McElmurry, Registered Manager, as part of the inspection process and can be found in the main body of the report.



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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