



The Regulation and  
Quality Improvement  
Authority

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# Announced Premises Inspection Report 1 November 2016



## Glenview

**Type of Service: Nursing Home**  
**Address: 9 Cabragh Rd, Dungannon, BT70 3AH**  
**Tel No: 028 87767132**  
**Inspector: Raymond Sayers**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An announced premises inspection of Glenview took place on 1 November 2016 from 11:00 to 14:00hrs.

The inspection sought to assess progress with any issues raised during and since the last premises inspection, to determine if the nursing home was well led, delivering safe, effective and compassionate care.

### Is care safe?

On the day of the inspection the premises supported the delivery of safe care. Some issues were however identified for attention by the registered provider. Refer to section 4.3

### Is care effective?

On the day of the inspection the premises supported the delivery of effective care. Refer to section 4.4

### Is care compassionate?

On the day of the inspection the premises supported the delivery of compassionate care. Some issues were however identified for attention by the registered provider. Refer to section 4.5

### Is the service well led?

On the day of the inspection the management of the premises was considered to be well led. Refer to section 4.6

This inspection was underpinned by The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Veronica McElmurray, Registered Manager, and Mr Mervyn Gregg, Registered Person, as part of the inspection process. The timescales for completion commence from the date of inspection.

There was no enforcement action implemented a result of the findings of this inspection.

## 1.2 Actions/enforcement taken following the most recent premises inspection

Other than those items detailed in the previous QIP there were no further actions required to be taken following the most recent premises inspection on 12 May 2015.

## 2.0 Service Details

<b>Registered organisation/registered provider:</b> Mrs Jennifer Elizabeth Gregg & Mr Mervyn John Gregg	<b>Registered manager:</b> Mrs Veronica McElmurray
<b>Person in charge of the home at the time of inspection:</b> Mrs Veronica McElmurray	<b>Date manager registered:</b> 29 September 2016
<b>Categories of care:</b> NH-PH(E), NH-DE,NH-PH,NH-I & RC-I	<b>Number of registered places:</b> 45

## 3.0 Methods/processes

Prior to inspection the following records were analysed: Previous premises inspection report, statutory notifications over the past 12 months, and concern call log.

During the inspection the inspector met Mr Gregg, Registered Person, Mrs Veronica McElmurray, Registered Manager, Mr Colin Simpson, Janitor/Maintenance Operative, laundry and kitchen staff, and two residents.

The following records were examined during the inspection: Copies of building services maintenance certificates, building user log books relating to the maintenance and inspection of the building and engineering services, legionellae risk assessment and fire risk assessment.

## 4.0 The Inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 3 June 2016

The most recent inspection of the nursing home was an unannounced medicines management inspection. The completed QIP was returned, and reviewed by the medicine management inspector on 17 June 2016. This QIP will be validated by the medicines management inspector at their next inspection.

### 4.2 Review of requirements and recommendations from the last premises inspection dated 9 May 2013

Last premises inspection statutory requirements		Validation of compliance
<b>Requirement 1</b> <b>Ref:</b> Regulations 14(2)(a), (b)&(c) <b>Stated:</b> First time	Implement the Lifting Operations and Lifting Equipment (LOLER) thorough examination report recommendations for the passenger lift.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Actions implemented June 2013	
<b>Requirement 2</b> <b>Ref:</b> Regulations 27(4)(c), &(d)(i) <b>Stated:</b> First time	Inspect and assess the condition of all fire doors, implement repair/replacement works to comply with NIHTM 84 fire safety requirements.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Actions implemented in 2013	
Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 32.1 <b>Stated:</b> First time	Complete an inspection of all interior decorated surfaces and implement a planned redecoration project.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Repairs implemented	
<b>Recommendation 2</b> <b>Ref:</b> Standard 36.2 <b>Stated:</b> First time	Implement and record an inspection regime for (1) emergency lighting functional testing & (2) visual fire fighting equipment inspection.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection regime implemented	

<b>Recommendation 1</b>	Install a FD30S fire door with vision panel in the designated smoking room/corridor door opening.	<b>Met</b>
<b>Ref:</b> Standard 36.2 <b>Stated:</b> First time	<b>Action taken as confirmed during the inspection:</b> Fire door installed.	

### 4.3 Is care safe?

A range of documents relating to the maintenance the premises was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services, and associated risk assessments.

Documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this premises inspection. A range of fire protection measures are in place for the premises, this includes: a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape.

The standard used by the registered person to determine the level of fire safety within the premises takes account of: the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was carried out by a risk assessor holding professional body registration for fire risk assessors. This supports the delivery of safe care.

An issue was however identified for attention during this premises inspection and is detailed in the 'areas for improvement' section below.

#### Areas for improvement

1. Suitable and sufficient records were not maintained to verify the implementation of fire drills. The records maintained should list: date, time staff attendance, actions taken & if required recommended improvements.  
Refer to Quality Improvement Plan recommendation 1.
2. LOLER regulation 9 thorough examination certificate verification was not available for the tracked ceiling hoists.  
Refer to Quality Improvement Plan recommendation 2.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>2</b>
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**4.4 Is care effective?**

There are arrangements in place for routine premises management as well as timely breakdown/repair works. Service users are involved where appropriate in decisions around maintenance of the premises.

This supports the delivery of effective care.

There were no areas requiring improvement identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.5 Is care compassionate?

The accommodation reviewed during this premises inspection was well maintained, comfortable, clean, well ventilated, with adequate lighting levels.

Service users are consulted about maintenance issues in the private accommodation, where appropriate. This supports the delivery of compassionate care.

A number of issues were however identified for attention during this premises inspection. These are detailed in the 'areas for improvement' section below.

##### Areas for improvement

1. The standard of decorated finish in some areas has deteriorated due to wear and tear damage.  
Refer to Quality Improvement Plan recommendation 3.
2. Floor coverings have deteriorated in some locations, and will require replacement.  
Refer to Quality Improvement Plan recommendation 3.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
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#### 4.6 Is the service well led?

Premises related policies and documentation are retained in a manner accessible to authorised persons.

Arrangements are in place for managing premises related incidents/notifiable events, and Medical Device and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items, and other relevant issues relating to the premises. There has been adequately supported and resources provided by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators. This supports a well led service.

There were no areas for improvement identified during the inspection.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Veronica McElmurray, Registered Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

## 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on Nursing Homes Regulations (Northern Ireland) 2005.

## 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

## 5.3 Actions taken by the Registered Provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to [Estates.Mailbox@rqia.org.uk](mailto:Estates.Mailbox@rqia.org.uk) by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.



<b>Quality Improvement Plan</b>	
<b>Recommendations</b>	
<b>Recommendation 1</b>  <b>Ref:</b> Standards 48.6 & 48.8  <b>Stated:</b> First time  <b>To be completed by:</b> 06 January 2017	<p>The registered provider should ensure that suitable and sufficient fire drills are completed, and recorded in accordance with Northern Ireland Health Technical Memorandum 84.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Drill completed on 22/11/2016 and recorded.</p>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 47.1  <b>Stated:</b> First time  <b>To be completed by:</b> 06 January 2017	<p>The registered provider should ensure that all ceiling mounted overhead hoist equipment is subjected to LOLER regulation 9 thorough examination.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Loler completed on all overhead hoist equipment 20/12/2016</p>
<b>Recommendation 3</b>  <b>Ref:</b> Standard 44.1  <b>Stated:</b> First time  <b>To be completed by:</b> 01 April 2017	<p>The registered provider should undertake a condition survey of all floor and wall finishes, and plan a refurbishment works contract to replace deteriorated surface finishes.</p> <hr/> <p><b>Response by registered provider detailing the actions taken:</b> Refurbishment Plan 2017 agreed with proprietors.</p>

*\*Please ensure this document is completed in full and returned to [Estates.Mailbox@rqia.org.uk](mailto:Estates.Mailbox@rqia.org.uk) from the authorised email address\**



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