

# Inspection Report

11 June 2024



## Glenmachan Tower House

Type of service: Nursing Home  
Address: 13 Glenmachan Road, Belfast, BT4 2NL  
Telephone number: 028 9076 3441

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<p><b>Organisation:</b> Church of God Glenmachan</p> <p><b>Responsible Individual:</b> Mr Albert Alan Stephens</p>	<p><b>Registered Manager:</b> Mrs Kathleen Chambers - acting</p>
<p><b>Person in charge at the time of inspection:</b> Mrs Kathleen Chambers</p>	<p><b>Number of registered places:</b> 39</p>
<p><b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years. TI – Terminally ill.</p>	<p><b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 24</p>
<p><b>Brief description of the accommodation/how the service operates:</b> This home is a registered Nursing Home which provides nursing care for up to 39 persons.</p> <p>The bedrooms are situated over two floors. There is access to various communal spaces such as lounges, dining areas and gardens.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 11 June 2024 from 9.30 am to 5.00 pm by a Care Inspector.

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

Sixteen areas for improvement on the previous quality improvement plan (QIP) were reviewed; and were assessed as met. Two areas for improvement (AFI) pertaining to medicines management were carried forward for review at a future inspection.

As a result of this inspection two new areas for improvement were identified and are detailed throughout the report and in section 6.0.

### **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, and a range of information about the service was reviewed to help us plan the inspection.

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.

A poster was provided to the manager detailing how staff could provide their views and opinions by completing an online questionnaire. Questionnaire leaflets were also provided, to allow patients and those who visit them, the opportunity to provide feedback after the inspection with their views of the home.

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

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

### **4.0 What people told us about the service**

The inspector spoke with a number of staff, patients, and the management team during the inspection.

Patients spoke positively about the care that they received, and patients who were less able to tell us about how they found life in the home were seen to be relaxed in their surroundings.

Discussions with staff confirmed they were positive about their roles and duties, the provision of care, staffing, teamwork, and managerial support.

As stated in section 3.0, questionnaires and a poster with a link to an online survey were provided to allow patients, relatives, visitors and staff unable to meet with the inspector, the opportunity to provide feedback on the home. Four questionnaires were returned from relatives and patients; two responses indicated they were satisfied with the care and services provided and included positive comments. The remaining two responses indicated varying degrees of satisfaction with the care and services; the responses and comments were shared with the manager for review and action as appropriate. There was no feedback received from the staff online survey within the allocated timeframe.

## 5.0 The inspection

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

Areas for improvement from the last inspection on 4th January 2024		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 20 (1) (a) <b>Stated:</b> Second time	The registered person shall ensure that there is a robust system in place to clearly identify the number of staff required to meet the needs of the patients.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for Improvement 2</b> <b>Ref:</b> Regulation 13 (1) (b) <b>Stated:</b> First time	The registered person must ensure that patients are supervised at mealtimes in accordance with their assessed need.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 16 (1) (2) <b>Stated:</b> First time	The registered person shall ensure that care plans are updated to reflect any changes to the patients' needs.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 4</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time	The registered person shall ensure that infection prevention and control practices are reviewed.	<b>Met</b>
	Specific reference to: <ul style="list-style-type: none"> <li>• Staff are bare below the elbow</li> </ul>	

	<p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	
<p><b>Area for improvement 5</b>  Ref: Regulation 13 (7)  Stated: First time</p>	<p>The registered person shall ensure that infection prevention and control practices are reviewed.</p> <p>Specific reference to:</p> <ul style="list-style-type: none"> <li>• Laundering and provision of continence pants</li> </ul>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	
<p><b>Area for improvement 6</b>  Ref: Regulation 29  Stated: First time</p>	<p>The registered person shall ensure that the monthly monitoring reports are further developed to ensure robust monitoring of the service.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	
<p><b>Area for improvement 7</b>  Ref: Regulation 13 (4)  Stated: First time</p>	<p>The registered person shall ensure that medicines are administered at their prescribed time and medication administration records accurately maintained. Nurses should be allowed protected time to safely administer medicines.</p>	<b>Carried forward to the next inspection</b>
	<p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p>	
<p><b>Area for improvement 8</b>  Ref: Regulation 13 (4)</p>	<p>The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed.</p>	

<b>Stated:</b> First time	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	<b>Carried forward to the next inspection</b>
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> Second time	The registered person shall ensure that all entries on the repositioning charts are signed by the staff delivering the care.  <b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.  This is discussed further in section 5.2.2.	<b>Met</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> First time	The registered person shall ensure that the furniture in the identified bedroom and the Identified chair in the communal lounge are repaired or replaced.  <b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	<b>Met</b>
<b>Area for Improvement 3</b>  <b>Ref:</b> Standard 30.1  <b>Stated:</b> Second time	The registered person shall ensure that oxygen cylinders are stored in a safe and secure manner at all times.  <b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	<b>Met</b>
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 11  <b>Stated:</b> First time	The registered person shall ensure there are activities delivered regularly to provide structure and meaning to the patients' day.  <b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	<b>Met</b>
<b>Area for improvement 5</b>	The registered person shall ensure that staffs' responses to call bells are monitored	<b>Met</b>

<p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>to ensure that patients receive care in a timely manner when they request assistance.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p>	<p>The manager's actual hours worked are included on the duty rota.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 41</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that competency and capability assessments are completed with any registered nurse given the responsibility of taking charge of the home in the absence of the manager.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 4</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that records evidence that patients are assisted with repositioning in accordance with their care plan.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
<p><b>Area for improvement 9</b></p> <p><b>Ref:</b> Standard 21.1</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure wound assessments and evaluations are completed in detail after each dressing.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.</p>	<b>Met</b>
<p><b>Area for improvement 10</b></p>	<p>The registered person shall monitor the management of sharps containers in relation to infection control.</p>	<b>Met</b>

<b>Ref:</b> Standard 46  <b>Stated:</b> First time	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
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## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect patients.

The staff duty rota accurately reflected the staff working in the home over a 24-hour period and identified the nurse in charge when the manager was not on duty. Registered nurses taking charge of the home in the absence of the manager are required to have undertaken a competency and capability assessment prior to commencing in the role; review of a sample of these records confirmed these had been completed as required.

Discussion with the manager confirmed that a system was in place to monitor the dependency levels of patients and ensure the number of staff on duty was regularly reviewed to assist in meeting the needs of patients.

Review of records provided assurances that a system was in place to ensure all nursing staff were registered with the Nursing and Midwifery Council (NMC). There was also a system in place to monitor registration status of care staff with the Northern Ireland Social Care Council (NISCC).

There were systems in place to ensure staff were trained and supported to do their job. Mandatory training was progressing for staff and the manager confirmed that training compliance was kept under review.

Staff should have the opportunity to attend, at minimum, two supervisions and an appraisal annually to review their roles and enhance their professional development. A review of records confirmed that a matrix had been developed and that the provision of supervision and appraisal meetings was ongoing.

Staff were seen to attend to patients' needs in a timely manner, and patients' were offered choices throughout the day.

## 5.2.2 Care Delivery and Record Keeping

Staff said they met for a handover at the beginning of each shift to discuss any changes in the needs of the patients; a handover record was available and included detailed meaningful information pertaining to patients' individual needs.

Staff demonstrated their knowledge of individual patient's needs, preferred daily routines and likes and dislikes, for example, where patients preferred to sit and what they liked to eat. Staff were seen to be skilled in communicating with the patients and to treat them with patience and understanding.

Patients' needs were assessed at the time of their admission to the home. Following this initial assessment, care plans were developed to direct staff on how to meet patients' needs. Discussion with the manager confirmed that care plan audits were undertaken to ensure care plans were updated and reflective of the patient's needs.

When a restrictive practice was implemented, such as the use of bedrails, a system was in place to evidence that care plans, risk assessments and consents were reviewed.

A review of records and discussion with staff evidenced that the system in place to monitor the Deprivation of Liberty Safeguards (DoLS) status of patients was not sufficiently robust to demonstrate effective oversight. This was discussed with the manager for immediate review and action; an area for improvement was identified.

Patients who were less able to mobilise were assisted by staff to mobilise or change their position as required, and care plans were in place to direct care for the prevention of pressure ulcers. An area for improvement identified at the previous inspection pertaining to repositioning records was reviewed, considerable improvements were noted, where minimal gaps were identified, this was discussed with the manager, who provided assurance that monitoring processes would be enhanced.

Falls in the home were monitored on a regular basis to enable the manager to identify if any patterns were emerging which in turn could assist the manager in taking actions to reduce the risk of further falls from occurring. The falls policy was not available for review, this was discussed with the manager for immediate review and action as appropriate; an area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Patients' needs determine that they may require a range of support with eating and drinking; this may include simple encouragement through to full assistance from staff. Some patients may require their food to be modified and /or may require specific utensils to aid eating and drinking following assessment by the Speech and Language Therapist (SLT).

Mealtimes Matter is a regionally agreed Health and Social Care (HSC) framework to maximise service user safety during mealtimes, which includes, development of a meal time co-ordinator role to further enhance the principal of 'safety pause'.

The serving of lunch was observed, and noted that a member of staff was designated as a mealtime coordinator. The food served was attractively presented, smelled appetising and a variety of drinks were served with the meal. Staff told us how they were made aware of patients' nutritional needs to ensure they were provided with the right consistency of diet; and where patients preferred to have their meal in their own room, this was readily accommodated with support provided as required in accordance with their assessed needs. A menu was available to inform patients of the meal and choice available.

Observation evidenced that staff attended to patients' dining needs in a caring and compassionate manner and, where required, staff engaged with patients' on a one to one basis to assist them with their meal. Patients commented that they enjoyed their lunch.

There was evidence that patients' weights were checked at least monthly to monitor weight loss or gain, if required, records were kept of what patients had to eat or drink daily.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms and communal areas such as lounges. The home was warm, clean and comfortable. Many patient's bedrooms were personalised with items of importance to each patient

A malodour was evident within one patient's bedroom. This was discussed with the manager who confirmed that relevant action was being taken to address this.

Corridors and fire exits were found to be free of clutter and obstruction.

Review of records and discussion with staff confirmed that training on infection prevention and control measures and the use of personal protective equipment (PPE) had been provided.

### **5.2.4 Quality of Life for Patients**

Observation of life in the home and discussion with staff and patients established that staff engaged well with patients. Patients appeared content and settled in their surroundings.

The home employs two dedicated members of staff to oversee the provision of activities. Discussion with staff confirmed that a range of activities were provided, for example, music and arts and crafts. An external music entertainer was observed entertaining the patients, and patients commented how much they enjoyed the music.

An activity planner was available and displayed in a central part of the home. Discussion with staff confirmed that the activity programme was being further developed in conjunction with patient life-story work, to ensure activities were reflective of patients interests.

Staff took time to chat to the residents whilst going about their daily routine. Staff interactions with residents were observed to be pleasant, polite, friendly and warm.

### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Kathleen Chambers has been managing the home since December 2022; an application to register has been received by RQIA.

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.

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 care manager and to RQIA.

There was a system in place to manage complaints.

The home was visited each month by a representative of the registered provider 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 were put in place, these were followed up to ensure that the actions were correctly addressed. These were available for review by patients, their representatives, the Trust and RQIA.

### 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005 and/or the Care Standards for Nursing Homes (December 2022)

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2*	2

\* the total number of areas for improvement includes two which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall ensure that medicines are administered at their prescribed time and medication administration records accurately maintained. Nurses should be allowed protected time to safely administer medicines.</p> <p>Ref: 5.1 and 5.2.6</p>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>The registered person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed.</p> <p>Ref: 5.1 and 5.2.6</p>
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 18  <b>Stated:</b> First time  <b>To be completed by:</b> 11 June 2024 Immediate action required	<p>The registered person shall ensure a system is in place to inform staff of the DoLS status of patients.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>All residents who have a DoLS in place are noted on staff handover sheet, this is also reflected in their individual careplans.</p> <p>At present there are no DOLs in Glenmachan Tower House. Home Manager liaises with social worker if or when a DOLs is required.</p> <p>DOLs log is kept in Home Managers office - all staff Nurses informed of file</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 22	<p>The registered person shall ensure an updated falls policy is in place and disseminated to all applicable staff, with records maintained.</p>

<b>Stated:</b> First time  <b>To be completed by:</b> 11 June 2024 Immediate action required	Ref: 5.2.2  <b>Response by registered person detailing the actions taken:</b> Falls policy completed 19 <sup>th</sup> June 2024, all Staff Nurses have signed to confirm they have read the Falls Policy .
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*\*Please ensure this document is completed in full and returned via Web Portal*



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