

# Inspection Report

**Name of Service:** Glenkeen House

**Provider:** Hutchinson Homes Limited

**Date of Inspection:** 20 February 2025

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

## 1.0 Service information

<b>Organisation:</b>	Hutchinson Homes Limited
<b>Responsible Individual:</b>	Ms Naomi Carey
<b>Registered Manager:</b>	Mrs Jacqueline Elizabeth McShane
<b>Service Profile</b> – This home is a registered nursing home which provides nursing care for up to 40 patients. Patients’ bedrooms are located over two floors. Patients have access to communal lounges, dining rooms and a garden.	

## 2.0 Inspection summary

An unannounced inspection took place on 20 February 2025, from 9.20 am to 5.30 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 19 March 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was established that staff promoted the dignity and well-being of patients and that staff were knowledgeable and well trained to deliver safe and effective care.

Patients said that living in the home was a good experience. Patients unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The inspection evidenced that safe, effective and compassionate care was delivered to patients and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

As a result of this inspection all the previous areas for improvement were assessed as having been addressed by the provider. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

### 3.0 The inspection

#### 3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 patient's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

#### 3.2 What people told us about the service

Patients spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Patients' comments included: "The staff are amazing", "I love it here, the staff are very kind", "The staff are good and look after me" and "The staff take time and explain things to me, I like it here".

Patients also told us that staff offered choices to them throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Relatives spoken with on the day of the inspection confirmed they were very happy with the care their loved one receives in Glenkeen House; they said; "This place is great; the staff are so kind."

Following the inspection six questionnaires were received; three from patients and three from relatives. All the comments received were positive in regard to the care and services received in Glenkeen House. Some of the comments received from patients were; "Everyone is so nice to me which means a lot and that makes me feel safe" and "The care in Glenkeen is very good, I am very thankful". Relatives commented; "The care is very good and xx is very much looked after", "The staff are very attentive; they are excellent" and "The staff are proactive and the care my mum receives is excellent."

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of patients. There was evidence of robust systems in place to manage staffing.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the Manager was not on duty. However, review of the duty rota identified that a number of alterations had not been made in line with best practice guidance. An area for improvement was identified.

There was a system in place to monitor that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC). Records showed that any nurse taking charge of the home had competency and capability assessments reviewed annually, to ensure they held the knowledge and skills required.

Review of mandatory training records evidenced that staff compliance with Mental Capacity Act Deprivation of Liberty (DoL) training was low. An area for improvement was identified.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty and it was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Staff spoken with said there was good teamwork and that they felt supported in their role.

#### 3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the patients.

Patients looked well cared for and were seen to enjoy warm and friendly interactions with the staff. Staff were observed to be chatty, friendly and polite to the patients at all times.

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 offered patients choice in how and where they spent their day or how they wanted to engage socially with others.

At times some patients may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard patients and to manage this aspect of care.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position regularly and care records accurately reflected the patients' assessed needs. Review of the repositioning documentation identified inconsistency in the use of the 12 / 24-hour clock by staff when documenting the time of repositioning; this was discussed with the Manager who agreed to address.

Examination of care records and discussion with the staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. Review of records confirmed that staff took appropriate action in the event of a fall, for example, they commenced neurological observations and sought medical assistance if required.

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 and their diet modified.

Observation of the lunchtime meal confirmed that enough staff were present to support patients with their meal and that the food served smelt and looked appetising and nutritious. It was observed that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed. The patients commented positively about the food in Glenkeen House.

The importance of engaging with patients was well understood by the Manager and staff. Arrangements were in place to meet patients' social, religious and spiritual needs within the home. The activity schedule was on display. It was positive to see that the activities provided were varied, interesting and suited to both groups of patients and individuals. Activities planned for the week included games, art, exercises and a quiz.

### **3.3.3 Management of Care Records**

Patients' needs were assessed by a nurse 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 and included any advice or recommendations made by other healthcare professionals.

Patients care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs. Nursing staff recorded regular evaluations about the delivery of care. However; a number of patients care records did not evidence a photograph of the patient. An area for improvement was identified.

As the care records in Glenkeen House are electronic, we discussed the importance of evidencing that where appropriate the patients were involved in the planning of their own care. The Manager agreed to put a system in place, this will be followed up on the next care inspection.

### **3.3.4 Quality and Management of Patients' Environment**

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was clean, warm and comfortable. Patients' bedrooms were tidy and personalised with items of importance to each patient, such as family photos and sentimental items from home.

There was evidence that confidential patient information was displayed in two areas of the home. An area for improvement was identified.

Review of the home's environment and records confirmed that the Manager had a refurbishment plan in place to address usual wear and tear of the walls, furniture or patient equipment.

Review of records and discussion with the Manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live in, work in and visit.

Review of records and observations confirmed that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

### 3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Jacqueline McShane has been the Manager in this home since 1 April 2005.

Patients, relatives and staff commented positively about the Manager and described her as supportive, approachable and able to provide guidance.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the Manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home. However, it was observed that the patient weight audit action plan did not evidence clear actions taken to address / mitigate any further weight loss. An area for improvement was identified.

Patients said that they knew who to approach if they had a complaint.

### 4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with regulations and standards.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	4

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Jacqueline McShane, 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 20 (1) (c) (i)  <b>Stated:</b> First time  <b>To be completed by:</b> 28 February 2025	The registered person shall ensure that all staff complete mandatory training on Mental Capacity Act - Deprivation of Liberty (DoL).  Ref: 3.3.1  <b>Response by registered person detailing the actions taken:</b> All staff have this training completed to the level in line with their roles. The Home Manager will ensure this is included in induction training moving forward
<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 41  <b>Stated:</b> First time  <b>To be completed by:</b> 21 February 2025	The registered person shall ensure that the staff duty rota is maintained in keeping with legislation and best practice guidance.  Ref: 3.3.1  <b>Response by registered person detailing the actions taken:</b> New format has been implemented in line with best practice guidance
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time  <b>To be completed by:</b> 28 February 2025	The registered person shall ensure patients care records contain a photograph of the patient where appropriate.  Ref: 3.3.3  <b>Response by registered person detailing the actions taken:</b> All residents photographs are now added to the records and will be included in the Home Managers audit for any future admission
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 37  <b>Stated:</b> First time  <b>To be completed by:</b> 21 February 2025	The registered person shall ensure that any confidential information regarding patients' care needs is not kept in communal areas.  Ref: 3.3.4  <b>Response by registered person detailing the actions taken:</b> Any resident information in communal areas have now been identified by room number or initials

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 28 February 2025</p>	<p>The registered person shall ensure the weight loss audit evidences a clear time bound action plan to address / mitigate any further weight loss.</p> <p>Ref: 3.3.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> Weights audit has been reviewed to include plan for actions taken to identify any further weight loss</p>
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