

# Inspection Report

<b>Name of Service:</b>	<b>Glenkeen House</b>
<b>Provider:</b>	<b>Hutchinson Homes Limited</b>
<b>Date of Inspection:</b>	<b>26 August 2025</b>

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. The home is located over two floors with patients bedrooms located on both floors. Patients have access to communal lounges, dining rooms, bathrooms and a garden.	

## 2.0 Inspection summary

An unannounced inspection took place on 26 August 2025, between 9.10 am and 3.40 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 pharmacy inspection on 24 April 2025; 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.

As a result of this inspection one area for improvement under the regulations and four areas for improvement under the standards were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or will be reviewed at the next inspection. 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 patients, 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 spoken with said staff were great, they were well looked after, the home was kept clean and there was plenty to do in the home.

Staff told us they received a good induction for their roles, there was good teamwork and they received training regularly.

Visitors spoken with said the home was very good, the staff were lovely, they were kept up to date about their relative's condition and they had no concerns about the care provided.

Discussion with patients confirmed that they were able to choose how they spent their day. For example, patients could have a lie in or stay up late to watch TV.

Patients told us that staff offered choices to patients 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.

### 3.3 Inspection findings

#### 3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction. There was evidence of systems in place to manage these aspects of staffing.

Review of the record of staff training completed identified that there was low compliance with completion of Health and Safety and Control of Substances Hazardous to Health (COSHH) training. An area for improvement was identified.

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

Observation of the delivery of care, review of documents and discussion with staff evidenced that additional staff support was required during the lunchtime meal and with assisting patients with their morning routine. This was discussed with the manager and an area for improvement was identified.

Review of the system to manage the registration of nurses and care staff evidenced that staff were registered with either the Nursing and Midwifery Council (NMC) or the Northern Ireland Social Care Council (NISCC).

### 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. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences. Throughout the day observation showed good communication across the team about changes in patients' needs.

Staff were observed to be prompt in recognising patients' needs and any early signs of distress or illness, including those patients who had difficulty in making their wishes or feelings known.

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 were also observed offering patient 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.

Where a patient was at risk of falling, measures to reduce this risk were put in place. For example, supervision from staff and use of alarm mats.

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.

The dining experience was an opportunity for patients to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. Prior to the mealtime staff held a safety pause to consider those patient who required a modified diet.

The importance of engaging with patients was well understood by the manager and staff. Staff knew and understood patients' preferences and wishes and helped patients to participate in planned activities or to remain in their bedroom with their chosen activity such as reading, listening to music or waiting for their visitors to come.

### 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.

Review of a sample of patient care plans identified that while nursing staff completed monthly evaluation of care plans to ensure they reflected the patients' current care needs, these reviews was repetitive and lacked detail. An area for improvement was identified.

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

While the home was, tidy and welcoming, maintenance or repair was required to areas such as; door frames ceiling tiles and sink surrounds. An area for improvement was identified.

Issues were identified with cleaning and infection prevention and control (IPC) practices such as; appropriate storage of personal protective equipment (PPE), unclean fall out mats, an unclean bed bumper and paper signs in bathrooms which could not be adequately cleaned. An area for improvement was identified.

Observation of the environment identified that an electrical switch room and lift control room were not locked. This was brought to the manager's attention for immediate action and an area for improvement was identified.

A number of windows were open and restrictors had been disabled allowing windows to open fully. This was brought to the attention of the manager for action and an area for improvement was identified.

### 3.3.5 Quality of Management Systems

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

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 system for reviewing the quality of care, other services and staff practices was in place.

Patients said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

A record of compliments received was kept in the home including, thanks for the care provided to patients and compliments to staff.

#### 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>	2*	6

\* the total number of areas for improvement includes one area under the regulations that is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Jacqueline Elizabeth McShane, registered 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> 24 April 2025	The Registered Person shall ensure that robust systems are in place to monitor the expiry dates of medicines and ensure that medicines are not administered after expiry.  <b>Ref:</b> 2.0 and 3.3.3
	<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 14 (2) (a) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> 26 August 2025	The Registered Person shall ensure access to electrical switchboards and lift electrics is restricted to ensure the safety of patients' staff and visitors.  <b>Ref:</b> 3.3.4
	<b>Response by registered person detailing the actions taken:</b> The lock for the electrical switchboard and lift electrics store has been repaired and access is securely restricted by a lock and key.
<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 39  <b>Stated:</b> First time  <b>To be completed by:</b> 30 September 2025	The Registered Person shall ensure staff complete training in Health and Safety and Control of Substances Hazardous to Health (COSHH) in a timely manner.  <b>Ref:</b> 3.3.1
	<b>Response by registered person detailing the actions taken:</b> All outstanding staff are now scheduled to complete their COSHH and Health and Safety training by the 21st of October. This will be monitored through the training matrix and monthly training audits to ensure staff are promptly identified and scheduled when updates are due.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 41  <b>Stated:</b> First time	The Registered Person shall ensure adequate staffing levels to support patients with personal care and during meal times.  <b>Ref:</b> 3.3.1

<p><b>To be completed by:</b> 31 August 2025</p>	<p><b>Response by registered person detailing the actions taken:</b> A review of residents dependency levels and staffing has been carried out to ensure the Home is adequately staffed at all times, including during personal care and mealtimes. Staffing levels continue to be monitored regularly to ensure they remain in line with residents' assessed needs.</p>
<p><b>Area for improvement 3</b>  <b>Ref:</b> Standard 4  <b>Stated:</b> First time</p>	<p>The Registered Person shall ensure the monthly evaluation of care plans contain sufficient detail and are patient centred.  Ref: 3.3.3</p>
<p><b>To be completed by:</b> 31 August 2025</p>	<p><b>Response by registered person detailing the actions taken:</b> Staff meeting held and all nurses informed that care plan evaluations must be more detailed and person centred. Manager and deputy manager will review this on a monthly basis to monitor quality and ensure compliance.</p>
<p><b>Area for improvement 4</b>  <b>Ref:</b> Standard 44  <b>Stated:</b> First time</p>	<p>The Registered Person shall ensure the home is well maintained. This is in relation to door frames ceiling tiles and sink surrounds requiring repair or replacement.  Ref: 3.3.4</p>
<p><b>To be completed by:</b> 30 September 2025</p>	<p><b>Response by registered person detailing the actions taken:</b> An environmental audit has been completed and an action plan put in place. Work within the home has commenced and progress will be reviewed and monitored monthly with the Senior Management Team.</p>
<p><b>Area for improvement 5</b>  <b>Ref:</b> Standard 46  <b>Stated:</b> First time  <b>To be completed by:</b> 30 August 2025</p>	<p>The Registered Person shall ensure the home is maintained clean to prevent the spread of infection. This is in relation to; appropriate storage of personal protective equipment (PPE), unclean fall out mats, an unclean bed bumper and paper signs in bathrooms which could not be adequately cleaned  Ref: 3.3.4</p>
	<p><b>Response by registered person detailing the actions taken:</b> All individual aprons have been replaced with apron rolls. An audit has been implemented to ensure the appropriate condition of fall out mats, bed bumpers and other equipment. Paper signs have been removed from bathrooms and are now stored appropriately.</p>

<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 47</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 25 August 2025</p>	<p>The Registered Person shall ensure the home is maintained in a safe manner. This is in relation to windows where restrictors had been disabled.</p> <p>Ref 3.3.4</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> All window restrictors have been secured and are no longer disabled.</p>
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**\*Please ensure this document is completed in full and returned via the Web Portal\***



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