The Regulation and Quality Improvement Authority

# Inspection Report

**Name of Service:** Glendun Nursing Home

**Provider:** Glendun Nursing Home Ltd

**Date of Inspection:** 5 November 2024

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

## 1.0 Service information

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| **Organisation:** | Glendun Nursing Home Ltd |
| **Responsible Individual:** | Mr David Leo Morgan |
| **Registered Manager:** | Mrs Katrina Mary O'Hara |
| **Service Profile –** This home is a registered nursing home which provides general nursing care and care for persons under 65 years with a physical disability. The home is registered for 31 patients. The home is divided over two floors with bedrooms on both floors, a communal dining room, lounge and bathrooms.<br><br>There is a separate residential care home which occupies part of the first floor and the registered manager for this home manages both services. | |

## 2.0 Inspection summary

An unannounced inspection took place on 5 November 2024, from 9.50 am to 4.20 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 17 June 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was evident 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.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and management oversight of certain aspects of care delivery and record keeping. Details and examples of the inspection findings can be found in the main body of the report.

As a result of this inspection five areas for improvement were assessed as having been addressed by the provider. Two areas for improvement have been stated for a second time. 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 who were able to share their opinions 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: "Everyone has been very kind" and "The staff here do a good job".

Patients who were less able to share their views were observed to be at ease in the company of staff and to be content in their surroundings.

Staff were also observed to be working well as team and commented that they "loved their job". Staff were observed to have positive interactions with patients and one another.

Following the inspection, no patient, patient representative or staff questionnaires were received within the timescale specified.

## 3.3 Inspection findings

### 3.3.1 Staffing Arrangements

Staff said there was good team work and that they enjoyed coming to work.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty.

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.

The Manager advised that the nurses who take charge of the home in her absence had completed relevant competency and capability assessments however, these had not been updated recently and only one completed assessment was available for review. An area for improvement was identified.

### 3.3.2 Quality of Life and Care Delivery

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.

Patients may require special attention to their skin care. These patients were assisted by staff to change their position. Examination of the repositioning records evidenced improvement in the quality of the documentation, however; there was evidence that patients were not always repositioned as prescribed in their care plans. An area for improvement was identified.

It was also observed from the repositioning documentation that a number of patients were assisted with a bed bath by the night staff early in the morning; review of the care plans for the identified patients did not evidence that getting washed early was the patient's choice. An area for improvement was identified.

Where a patient was at risk of falling, measures to reduce this risk were put in place. However, when a patient had experienced a fall and required monitoring by the registered nurses, the documentation and post fall observations were not always completed in line with best practice guidance. An area for improvement was stated for a second time.

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, the atmosphere was calm, relaxed and unhurried. It was observed that patients were enjoying their meal and their dining experience. It was evident that staff had made an effort to ensure patients were comfortable, had a pleasant experience and had a meal that they enjoyed.

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 and live music.

### 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 care records specifically for those patients who required wound care evidenced that the wound dressing records were not consistent with the patients prescribed care. An area for improvement was stated for a second time.

Generally the other 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. Patients, where possible, were involved in planning their own care and the details of care plans were shared with patients' relatives, if this was appropriate.

### 3.3.4 Quality and Management of Patients' Environment

The atmosphere throughout the home was warm, welcoming and friendly. 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.

The home was clean and tidy. Some paintwork on skirting boards and doors was showing evidence of wear and required repainting; the Manager provided assurance that the home has a redecoration plan in place.

Fire safety measures were in place and well managed to ensure patients, staff and visitors to the home were safe. Corridors were clear of clutter and obstruction and fire exits were also maintained clear. One patient's bedroom door was observed to be held open with a chair. The patient was not in the bedroom at the time and once this was brought to the Responsible Individuals' attention it was addressed immediately.

A review of the record of fire drills identified that whilst fire drills had been conducted, the timing of the drills were not consistently recorded. An area for improvement was identified.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records kept.

### 3.3.4 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Katrina O'Hara has been the Manager in this home since 21 December 2018.

Patients and staff commented positively about the Manager.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. It was observed that patient care records were audited regularly by the Manager, however; the audit did not always contain an action plan or evidence that any deficits / actions had been addressed. An area for improvement was identified.

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.

## 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 |
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| **Total number of Areas for Improvement** | 1 | 5* |

*the total number of areas for improvement includes two standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Katrina O'Hara, Registered Manager and David Morgan, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

## Quality Improvement Plan

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| **Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005** | |
| **Area for Improvement 1**<br><br>**Ref:** Regulation 12 (1) (a)<br><br>**Stated:** First time<br><br>**To be completed by:**<br>6 November 2024 | The Registered Person shall ensure that the care delivery to patients reflects their individual needs and choices; this is stated in relation to patients' morning routines.<br><br>Ref: 3.3.2 |
| | **Response by registered person detailing the actions taken:**<br>Patient Care Plans have been updated to reflect needs and choices regarding morning routine |
| **Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)** | |
| **Area for Improvement 1**<br><br>**Ref:** Standard 4<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>6 November 2024 | The Registered Person shall ensure that where a patient has a wound:<br><br>• specific wound care plans are developed and kept under regular review<br>• wound dressing records are consistent in accordance with the prescribed care.<br><br>Ref: 2.0 and 3.3.3 |
| | **Response by registered person detailing the actions taken:**<br>Specific wound care plans are developed and kept under review .Records are kept accurately in accordance with prescribed care.All registered nurses reminded of importance of wound care plans. Reminders have been posted in communication books. |
| **Area for Improvement 2**<br><br>**Ref:** Standard 22<br><br>**Stated:** Second time<br><br>**To be completed by:**<br>6 November 2024 | The Registered Person shall ensure that neurological observations are consistently recorded in line with best practice guidance in the event of an actual / suspected head injury.<br><br>Ref: 2.0 and 3.3.2 |
| | **Response by registered person detailing the actions taken:**<br>Neurological observations are recorded in line with best practioce guidance and this has been highlighted to all staff.CNS obs chart has been attached to the post falls assesment and management tool. |

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| **Area for Improvement 3**<br><br>**Ref:** Standard 41.7<br><br>**Stated:** First time<br><br>**To be completed by:**<br>6 November 2024 | The Registered Person shall ensure registered nurses who take charge of the home have a competency and capability assessment completed; these assessments are kept up to date and regularly reviewed.<br><br>Ref: 3.3.1 |
| | **Response by registered person detailing the actions taken:**<br>All registered Nurses in charge of the home have a competency and capability assesment completed and will be reviewed annually. |
| **Area for Improvement 4**<br><br>**Ref:** Standard 48.7<br><br>**Stated:** First time<br><br>**To be completed by:**<br>6 November 2024 | The Registered Person shall ensure fire drill records are completed in full and evidence the time the fire drill took place.<br><br>Ref: 3.3.1 |
| | **Response by registered person detailing the actions taken:**<br>Fire drills take place regularly and the record of these drills now reflects the time, date, zone and staff present for drills. |
| **Area for Improvement 5**<br><br>**Ref:** Standard 35<br><br>**Stated:** First time<br><br>**To be completed by:**<br>6 November 2024 | The Registered Person shall ensure care record audits evidence review and completion of associated action plans.<br><br>Ref: 3.3.4 |
| | **Response by registered person detailing the actions taken:**<br>An audit matrix has been developed . The Manager will ensure that a minimum of three care records are audited monthly and associated action plans completed. |

***Please ensure this document is completed in full and returned via the Web Portal***

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James House
2-4 Cromac Avenue
Gasworks
Belfast
BT7 2JA

**Tel:** 028 9536 1111

**Email:** info@rqia.org.uk

**Web:** www.rqia.org.uk

**Twitter:** @RQIANews