

Inspection Report

17 June 2024



Glendun Nursing Home

Type of service: Nursing Home
Address: 67 Knocknacarry Road, Cushendun, BT44 0NS
Telephone number: 028 2176 1222

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Glendun Nursing Home Ltd	Registered Manager: Mrs Katrina Mary O'Hara
Registered Individual: Mr David Leo Morgan	Date registered: 21 December 2018
Person in charge at the time of inspection: Mrs Katrina Mary O'Hara	Number of registered places: 31
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	Number of patients accommodated in the nursing home on the day of this inspection: 28
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 31 patients. The home is divided over two floors with bedrooms on both floors, a communal dining room, lounge and bathrooms. There is a 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 17 June 2024, from 9.30 am to 7.00 pm by a care inspector.

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

Areas requiring improvement were identified during this inspection are discussed within the main body of the report and Section 6.0.

Patients were happy to engage with the inspector and share their experiences of living in the home. Patients expressed positive opinions about the home and the care provided. Patients said that staff members were helpful and pleasant in their interactions with them. Patients who could not verbally communicate were well presented in their appearance and appeared to be comfortable and settled in their surroundings.

The findings of this report will provide the manager with the necessary information to improve staff practice and the patients' experience.

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.

In preparation for this inspection, 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 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 were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

Patients spoke positively about the care that they received and about their interactions with staff. Patients confirmed that staff treated them with dignity and respect. Patients said, "The staff are very good", "The staff are brilliant" and "The staff are great, I am very content". Other patient comments were shared with the manager for her appropriate action.

Three patient questionnaires were returned, the feedback received from patients was positive in regard to their experiences of living in Glendun Nursing Home. Additional comments included; "Very happy with the care", "The staff are approachable and friendly, and nothing is a bother" and "The carers are always there when needed".

Discussions with staff confirmed that they felt positive about their roles and duties, the provision of care and teamwork. Staff did share with the inspector that they felt the morning time was particularly busy and felt additional staff are needed at this time. All staff comments were shared with the management team for their appropriate action. One staff member completed a questionnaire and commented that all they felt staff are prompt in addressing patients' needs and work together to make the patients feel safe.

One relative completed the online survey and their response was shared with the manager. No feedback was 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 4 January 2024		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 15 (2) (a) (b) Stated: Third time	The registered person shall ensure that the assessment of patient’s needs is kept under review and revised at any time in regard to any changing circumstances.	Met
	Action taken as confirmed during the inspection: This area for improvement was met as stated however, deficits were observed in the quality of other care records and this is further discussed in section 5.2.2 and areas for improvement identified.	
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for Improvement 1 Ref: Standard 23 Stated: Second time	The registered person shall ensure there are clear documented processes for the prevention of pressure damage and this is accurate for all patients who require this.	Met
	Action taken as confirmed during the inspection: There was evidence that patient care records contained a care plan regarding pressure area care. However, deficits were identified in patient repositioning documentation. A new area for improvement was identified.	

Area for Improvement 2 Ref: Standard 12 Stated: First time	The registered person shall ensure the daily menu displayed provides full detail on the menu served at each mealtime.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 36.1 Stated: First time	The registered person shall ensure there is an auditing system in place which identifies compliance with all policies and procedures in place to direct the quality of care and services provided in the home.	Met
	Action taken as confirmed during the inspection: There was evidence that the manager had an auditing system in place. Deficits were identified in regards to the wound and care record audits. This is further discussed in section 5.2.5 and a new area for improvement was identified.	

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. Staff were provided with a comprehensive induction programme at the commencement of their employment to prepare them for working with the patients.

There were systems in place to ensure staff were trained and supported to do their job. The manager retained oversight of staff compliance with their training requirements.

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.

Review of governance records provided assurance that all relevant staff were registered with the Nursing and Midwifery Council (NMC) or Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the manager on a monthly basis.

Staff who take charge in the home in the absence of the manager had completed relevant competency and capability assessments.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the patients. In addition, patient care records were maintained which accurately reflected the needs of the patients. Staff were knowledgeable of individual patients' needs, their daily routine wishes and preferences.

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. It was observed that staff provided care in a caring and compassionate manner.

Patients were well presented in their appearance and told us that they were happy living in the home.

The serving of the lunchtime meal was observed. Staff ensured that patients were comfortable throughout their meal. The daily menu was displayed showing patients what was available at each mealtime. A choice of meal was offered and the food was attractively presented and smelled appetising. One patient said "the food is very good".

Patients' needs should be assessed at the time of their admission to the home. Following this initial assessment, care plans and risk assessments should be developed in a timely manner to direct staff on how to meet the patients' needs. Review of care records for two patients who had been admitted to the home for a period of respite / short break evidenced that they did not have a full and complete set of care plans and risk assessments. An area for improvement was identified.

Patients who were less able to mobilise required special attention to their skin care. These patients were assisted by staff to change their position regularly. A review of repositioning records evidenced that patients were prescribed a repositioning regime in their care plans. However, examination of the repositioning records identified patients were not always repositioned as prescribed in their care plans and the quality and detail of the recording of repositioning by the care staff was inconsistent. An area for improvement was identified.

Review of care records for patients who required wound care did not clearly identify all the wound care required nor was all the required documentation completed. An area for improvement was identified.

Examination of records and discussion with the staff confirmed that the risk of falling and falls were generally well managed. 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. However, review of the neurological observation records did not provide assurance that the observations were always recorded in line with best practice guidance. An area for improvement was identified.

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, storage spaces and communal areas such as lounges. The home was warm, clean and comfortable. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items.

A number of shower chairs were observed not to have been effectively cleaned. An area for improvement was identified.

A sluice room was observed open with access to cleaning products. An area for improvement was identified to ensure staff compliance with the Control of Substances Hazardous to Health (COSHH) regulations.

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.

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 were kept.

5.2.4 Quality of Life for Patients

Staff offered choices to patients throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time. 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.

Discussion with patients and staff evidenced that arrangements were in place to meet patients' social, religious and spiritual needs within the home. The programme of activities was displayed in the home advising patients of forthcoming events. Patients' needs were met through a range of individual and group activities. Activity records were maintained which included the patient engagement with the activity sessions.

Staff were observed to be chatty, friendly and polite to the patients at all times and to communicate effectively with patients.

Staff recognised the importance of maintaining good communication between patients and their relatives. Visiting arrangements were in place and staff reported positive benefits to the physical and mental wellbeing of patients.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Katrina O'Hara is the Registered Manager of the home.

Discussion with the manager and review of records evidenced that a number of audits were completed to assure the quality of care and services. Gaps were identified in the completion of the action plans from the care record audits; the action plans were not consistently reviewed to ensure the identified deficits had been completed and the wound care audit did not identify the shortfalls identified at this inspection. Areas for improvement was identified.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager is the safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

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.

The manager maintained records of regular staff and departmental meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

Systems were in place to ensure that complaints were managed appropriately.

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 for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are 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 the Care Standards for Nursing Homes (December 2022).

	Regulations	Standards
Total number of Areas for Improvement	1	6

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

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 14 (2) (a) (c) Stated: First time To be completed by: 17 June 2024	<p>The registered person shall ensure that sluice rooms are locked that contain chemicals; so that they are securely stored in accordance with COSHH regulations.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The registered person has spoken with all staff and reminded them about COSHH training. He has also asked staff to ensure that sluice rooms are locked at all times when not in use and to ensure the safe storage of all cleaning products.</p>
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 Ref: Standard 4.1 Stated: First time To be completed by: 17 June 2024	<p>The registered person shall ensure that an initial plan of care based on the pre-admission assessment and referral information is in place within 24 hours of admission. A detailed plan of care for each patient is generated from a comprehensive, holistic assessment and drawn up with each patient. The assessment is commenced on the day of admission and completed within 5 days of admission to the home.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The registered person will ensure that an initial plan of care is in place for all admissions within 24 hours and also ensure that a detailed plan of care for each patient is generated from a comprehensive , holistic assesment within 5 days of admission.</p>
Area for improvement 2 Ref: Standard 23 Stated: First time To be completed by: 17 June 2024	<p>The registered person shall ensure that patient repositioning records are consistently completed in a contemporaneous and accurate manner.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: The Home manager has spoken with staff and reinforced the importance of fully completing repositioning charts in an accurate manner .</p>

<p>Area for improvement 3</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: 17 June 2024</p>	<p>The registered person shall ensure that where a patient has a wound:</p> <ul style="list-style-type: none"> • specific wound care plans are developed and kept under regular review • wound dressing records are consistent in accordance with the prescribed care. <p>Ref: 5.2.2</p>
<p>Area for improvement 4</p> <p>Ref: Standard 22</p> <p>Stated: First time</p> <p>To be completed by: 17 June 2024</p>	<p>Response by registered person detailing the actions taken:</p> <p>The Registered person has reviewed the wound charts in use within The Glendun. She has liaised with Nursing and Care staff to ensure that these charts are completed consistently and that prescribed care/directions are fully adhered to..</p>
<p>Area for improvement 5</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 17 June 2024</p>	<p>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.</p> <p>Ref: 5.2.2</p>
<p>Area for improvement 5</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 17 June 2024</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk of spread of infection.</p> <ul style="list-style-type: none"> • Shower seats are effectively cleaned. <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>One shower chair has been replaced and Domestic staff have been advised to ensure that all equipment is effectively cleaned. Care staff have been asked to ensure all equipment is clean prior to use .All staff have completed infection control training..</p>

<p>Area for improvement 6</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2024</p>	<p>The registered person shall ensure that a robust system of audits is maintained to promote and make proper provision for the nursing, health and welfare of patients.</p> <p>Completed audits should be conducted on a regular basis and reflect the current status of the home and evidence completion of associated action plans.</p> <p>This includes, but is not limited to, audits of:</p> <ul style="list-style-type: none"> • Care records • Wound care. <p>Ref: 5.2.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A robust system of audits is in place. These audits include but are not limited to Care Records and Wound Care. These audits form an integral part of our monthly Regulation 29 visits and any actions required are carried out immediately..</p>

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