The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: **Glenview Private Nursing Home**

Provider: **EBBAY Ltd**

Date of Inspection: **30 September 2025**

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

1.0 Service information

Registered Provider:	EBBAY Ltd
Responsible Individual:	Mr Patrick Anthony McAvoy
Registered Manager:	Mrs Kirsty McCammon
Service Profile – This home is a registered nursing home which provides nursing care for up to 45 patients. The home is divided in four units; a self-contained dementia unit on the lower ground floor that provides care for up to 10 people living with dementia. The ground floor of the home provides general nursing care and care to those with a physical disability over and under 65 years old. Patients have access to communal lounge areas and dining rooms as well as a range communal bathroom and toilet areas.	

2.0 Inspection summary

An unannounced inspection took place on 30 September 2025 from 10.00 am to 5.40 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 determine if the home is delivering safe, effective and compassionate care and if the service is well led.

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. Refer to Section 3.2 for more details.

It was evident from discussions with patients and relatives that staff promoted patient's dignity and well-being and that staff were knowledgeable and well trained to deliver safe and effective care.

As a result of this inspection three 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 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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: "They are looking after me very well", "I am very happy here" and "The staff are all the best. The food is too good! I enjoy the activities."

Patients 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 commented positively about the overall provision of care within the home. Comments included: "The staff are very responsive and address things", "The activity girls are brilliant and the staff are very friendly" and "It is a brilliant place. My sisters' care is excellent. You only have to ask and you get it. The food is first class."

Staff spoken with said that Glenview Private Nursing Home was a good place to work and said the teamwork was very good. Staff commented positively about the manager and described them as supportive and approachable. Comments from staff included, "The teamwork is great. I love working with all the staff and patients. They made it very easy to settle" and "I have worked here 16 years; I am very happy."

We did not receive any questionnaire responses from patients or their visitors or any responses from the staff online survey within the timescale specified.

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 systems in place to manage staffing.

Patients said that there was enough staff on duty to help them. Staff said there was good team work and that they were satisfied with the staffing levels. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

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

Review of records confirmed that staff meetings were not held on at least a quarterly basis. An area for improvement was identified.

3.3.2 Quality of Life and Care Delivery

Staff interactions with patients were observed to be polite, friendly, warm and supportive and the atmosphere was relaxed, pleasant and friendly. Staff were knowledgeable of individual patient's needs, their daily routine, wishes and preferences.

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. Staff were skilled in communicating with patients; they were respectful, understanding and sensitive to patients' needs.

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.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included important information about patients, especially changes to care, that they needed to assist them in their caring roles.

Staff conducting one to one supervision confirmed that they received a detailed handover of the patient in their care. Patients in receipt of one to one care had care plans in place to direct the staff member on the detail of the care required and supervision level to be provided. However, a patient profile summary was not included within the one to one file. In addition, some of the activity records reviewed contained entries which were repetitive. This was discussed with the manager who agreed to update the one to one files and monitor completion of records to ensure meaningful activities were delivered on a regular basis. This will be reviewed at a future care inspection.

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. A restrictive practice register was monitored and reviewed monthly.

Patients may require special attention to their skin care. For example, some patients may need assistance to change their position in bed or get pressure relief when sitting for long periods of time. These patients were assisted by staff to change their position regularly and records maintained.

Where a patient was at risk of falling, measures to reduce this risk were put in place. In addition, the number of falls which occurred in the home were recorded monthly although these were not consistently reviewed for patterns and trends to identify if any further falls could be prevented. While the audits identified some shortfalls, action plans to drive the necessary improvement were not consistently in place. This is discussed further in section 3.3.5.

Examination of records regarding the management of falls evidenced that these were not consistently managed in keeping with best practice guidance. For example, medical attention was not sought for an identified patient in keeping with best practice guidance and daily progress notes did not consistently comment on the status of the patient following an unwitnessed fall. An area for improvement was identified.

Patients had good access to food and fluids throughout the day and night. Nutritional risk assessments were completed monthly to monitor for weight loss or weight gain. Nutritional care plans were in line with the recommendations of the speech and language therapists and/or the dieticians. Patients were safely positioned for their meals and the mealtimes were well supervised. Staff communicated well to ensure that every patient received their meals in accordance with the patients' needs.

Good nutrition and a positive dining experience are important to the health and social wellbeing of patients. Observation of the lunchtime meal, review of records and discussion with patients, staff and the manager indicated that there were systems in place to manage patients' nutrition.

The food served looked appetising and nutritious. Patients told us they enjoyed the meal and the food was good.

The importance of engaging with patients was well understood by management and staff and patients were encouraged to participate in their own activities such as watching TV, reading, resting or chatting to staff. Arrangements were also in place to meet patients' social, religious and spiritual needs. Patients enjoyed bowls during the morning while others attended mass in the afternoon.

Patients spoken with told us they enjoyed living in the home and that staff were friendly.

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.

Care records, for the most part, were well maintained, regularly reviewed and updated to ensure they continued to meet the patients' needs; although a number of care plans examined were not personalised to the patient.

Nursing staff recorded regular evaluations about the delivery of care. Review of a selection of daily and monthly evaluation records evidenced that some of these entries contained repetitive statements which were not person centred. Shortfalls in care records was discussed with the manager who agreed to meet with nursing staff and monitor through their audit systems. This will be reviewed at a future care inspection.

It was observed that confidential information relating to patient care and treatment was accessible in a nurse's office because staff had not locked the door or computer when leaving the office. This was discussed with the manager and an area for improvement was identified.

3.3.4 Quality and Management of Patients' Environment

The home was clean and tidy. Bedrooms and communal areas were suitably furnished, warm and comfortable. For example, patients' bedrooms were personalised with items important to them.

Concerns were identified throughout the laundry relating to the general cleanliness, management of personal protective equipment (PPE) and access to liquid soap/disposable hand towels. Details were provided to the manager who provided immediate assurances that these issues would be addressed without delay and oversight of this area of the home will be increased.

Refurbishment works were noted in the dementia unit and the general nursing areas of the home. Senior management discussed plans to modernise bedrooms, bathrooms and communal areas and confirmed a refurbishment plan in place to manage this.

Concerns about the management of risks to the health, safety and wellbeing of patients, staff and visitors to the home were identified. The door to the electrical services room was unlocked and a domestic cleaning trolley was unsupervised allowing potential patient access to substances hazardous to health. This was discussed with staff who took immediate action. An area for improvement was identified.

Fire safety measures were in place to protect patients, visitors and staff in the home. The manager confirmed no actions were required from the most recent fire risk assessment.

Observation of staff and their practices evidenced that basic infection prevention and control (IPC) practices were not consistently adhered to. For example, all staff did not take opportunities to apply personal protective equipment (PPE) correctly or to wash their hands particularly after contact with patients and the patients' environment. In addition, one staff member was not bare below the elbow. An area for improvement was identified.

Discussion with the manager confirmed there was no identified nurse to lead on IPC procedures and compliance within the home. Assurances were given that a registered nurse would be identified to lead on this role.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Kirsty McCammon has been the manager since 25 February 2022.

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 completed audits to quality assure care delivery and service provision within the home. However, based on the inspection findings and a review of a sample of audits it was evident that improvements were required regarding the audit process to ensure it was effective in identifying shortfalls and driving the required improvements; particularly in relation to oversight of falls and IPC practices. An area for improvement was identified.

There was a system in place to manage any complaints received.

Staff told us that they would have no issue in raising any concerns regarding patients' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

Patients and their relatives spoken with said that if they had any concerns, they knew who to report them to and said they were confident that the manager or person in charge would address their concerns.

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
Total number of Areas for Improvement	5	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Kirsty McCammon, Registered Manager, and Mr Patrick Anthony McAvoy, Responsible Individual, 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 13 (1) (a) (b) **Stated:** First time **To be completed by:** 30 September 2025	The registered person shall ensure that staff manage falls in keeping with best practice. Ref: 3.3.2 **Response by registered person detailing the actions taken:** A Falls Policy and Procedure is in place, and all staff receive regular training and competency checks. Individual falls risk assessments are completed and reviewed regularly. Post-fall protocols, including monitoring and reporting, are consistently followed. Falls incidents are reviewed to identify trends, with actions taken to reduce future risk. The environment and equipment are routinely checked to promote safety.
Area for improvement 2 **Ref:** Regulation 19 (5) **Stated:** First time **To be completed by:** 30 September 2025	The registered person shall ensure that staff lock office doors to ensure patient information is only accessible to those with permission. Ref: 3.3.3 **Response by registered person detailing the actions taken:** The Registered Person has reminded all staff of their responsibility to ensure doors are locked and patient information is only accessible to authorised personnel. Staff have received refresher training on information security and confidentiality. Cupboards for storing records have been made secure with locks. Where computers are located in open-plan areas, automatic screen locks are now enabled to prevent unauthorised access. Ongoing monitoring is in place to ensure compliance with data protection standards.
Area for improvement 3 **Ref:** Regulation 14 (2) (a) (c) **Stated:** First time **To be completed by:** 30 September 2025	The registered person shall ensure that all areas of the home to which patients have access are free from hazards to their safety. Ref: 3.3.4 **Response by registered person detailing the actions taken:** The Registered Person ensures all areas accessible to residents are free from hazards. Regular environmental safety checks are carried out, and any risks identified are addressed immediately. Staff receive training on health and safety, COSHH which includes hazard awareness and reporting. Maintenance audits are completed routinely to ensure the home remains safe for all residents.

Area for improvement 4 **Ref**: Regulation 13 (7) **Stated:** First time **To be completed by:** 30 September 2025	The registered person shall ensure that a system is implemented to monitor staff practice in relation to the appropriate use of personal protective equipment including donning and doffing and staff knowledge and practice regarding hand hygiene. Where deficits are identified during the monitoring system, an action place should be put in place to drive the necessary improvement. Ref: 3.3.4
	Response by registered person detailing the actions taken: The Registered Person has implemented a system to monitor staff practice in the use of PPE and hand hygiene. Regular observations and audits are carried out to assess compliance with donning and doffing procedures. Where deficits are identified, immediate feedback and targeted action plans are put in place to drive improvement. Staff receive ongoing training and supervision to maintain best practice standards.
Area for improvement 5 **Ref:** Regulation 10 (1) **Stated:** First time **To be completed by:** 30 September 2025	The registered person shall ensure that there is a robust system of governance in place, that it is effective and proactive in identifying shortfalls and driving improvements through clear action planning. Ref: 3.3.5
	Response by registered person detailing the actions taken: The Registered Person has established a robust governance system that proactively identifies shortfalls and drives continuous improvement. Regular audits, monitoring, and management meetings are conducted to review performance and compliance. Action plans are developed and tracked to ensure identified issues are addressed promptly and effectively.
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref**: Standard 41 **Stated:** First time **To be completed by:** 30 September 2025	The registered person shall ensure that staff meetings take place on a regular basis; at a minimum quarterly. Ref: 3.3.1
	Response by registered person detailing the actions taken: The registered person will ensure that staff meetings are scheduled quarterly to represent all departments.

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