

Inspection Report

3 September 2024



Glenview

Type of service: Nursing Home
Address: 9 Cabragh Road, Dungannon, BT70 3AH
Telephone number: 028 8776 7132

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 Service information

Organisation/Registered Provider: EBBAY Limited Responsible Individual: Mr Patrick Anthony McAvoy	Registered Manager: Mrs Kirsty McCammon Date registered: 22 July 2022
Person in charge at the time of inspection: Mrs Kirsty McCammon	Number of registered places: 45 A maximum of 10 patients in category NH-DE and 1 named resident in Category NH-LD.
Categories of care: Nursing Home (NH) I – Old age not falling within any other category DE – Dementia PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of patients accommodated in the nursing home on the day of this inspection: 45
Brief description of the accommodation/how the service operates: This home is a registered nursing home which provides nursing care for up to 45 patients. Patients are accommodated within four units in the home; Cabragh, Killymaddy, Killeeshill and Clonavaddy. Patients have access to communal dining, lounge and garden spaces.	

2.0 Inspection summary

An unannounced inspection took place on 3 September 2024 from 9.40am to 6.00pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and determined if the home was delivering safe, effective and compassionate care and if the service was well led. In addition, a new provider company, EBBAY Limited, had taken over control of the home from 5 June 2024. This inspection also sought to establish the impact of the takeover.

Patients were well presented in their appearance and spoke positively when describing their experiences of living in the home. Comments received from patients, relatives and staff are included in the main body of this report.

The inspection found that there was safe, effective and compassionate care delivered in the home and the home was well led by the manager/management team. Improvements had been made to the environment and a refurbishment plan was in place and ongoing. Staff were in a transition phase adapting to some new ways of working and management were working through an improvement plan in various aspects of care.

Areas for improvement were identified and details can be found in the Quality Improvement Plan (QIP) at the end of this report.

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.

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 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.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

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 registered manager and the operational director at the conclusion of the inspection.

4.0 What people told us about the service

Patients told us that they were happy living in the home and were offered choice in how they spent their day. One patient said, "This home is 100 percent. Staff are very kind. The food's good and there are plenty of activities going on if you want to be involved".

Staff told us that there were enough staff on duty to provide good care and that there were good working relationships between staff and the home's management team.

Relatives consulted spoke positively in regards to the care provision and complimented the staff in the home.

There were four questionnaire responses received from patients and relatives. All responses indicated satisfaction with the care and support received from staff and management. Comments included, 'Food is excellent', 'staff are brilliant' and 'always there when I need them'. We received no responses from the staff survey.

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 23 November 23		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (a) and (c) Stated: First time	The registered person shall ensure that chemicals are not accessible to patients, in any part of the home, when not in use in keeping with COSHH legislation.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	
Area for improvement 2 Ref: Regulation 14 (2) (a) and (c) Stated: First time	The registered person shall ensure that the appropriate signage is displayed when floors are wet to warn patients, visitors and staff of slip hazards.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	
Area for improvement 3 Ref: Regulation 14 (2) (a) and (c)	The registered person shall ensure that radiators in the home are maintained at a low heat, otherwise, covered to minimise the risk of accidental burns.	Met

Stated: First time	Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	
Area for Improvement 4 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that the infection prevention and control issues identified on inspection are managed appropriately. A more robust system to monitor IPC should be developed. Action taken as confirmed during the inspection: There was evidence that this area for improvement has been partially met and this will be discussed further in Section 5.2.3. This area for improvement has not been fully met and has been stated for the second time.	Partially Met
Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)		Validation of compliance
Area for improvement 1 Ref: Standard 28 Stated: Second time	The registered person shall ensure that topical preparations in use in the home are dated on opening and disposed of in accordance with manufacturer's guidelines. Action taken as confirmed during the inspection: There was evidence that this area for improvement has been met.	Met

5.2 Inspection findings

5.2.1 Staffing Arrangements

Patients raised no concerns in regards to the staffing arrangements in the home. The staff duty rota accurately reflected all of the staff working in the home on a daily basis and the designation in which they worked. Staff consulted were satisfied that the staffing levels met the patients' needs. They confirmed that a new twilight shift had been introduced which had a positive impact on the workload. Staff felt that they worked well together and that the teamwork was good.

A comprehensive pre-determined list of pre-employment checks had been completed and verified prior to any new employee commencing work in the home. All newly employed staff completed an induction to become more familiar with the homes policies and procedures. A booklet was completed to record the topics of induction covered. A list of training was identified for completion as part of the induction process. Discussion with agency staff confirmed that they also received an induction to the home prior to commencing their first shift. An induction checklist was completed for agency staff to ensure that the important areas of induction were covered.

Staff had a suite of mandatory training topics to complete annually to maintain their knowledge and skills in order to provide safe and effective care. Training topics included infection prevention and control, patient moving and handling, adult safeguarding, deprivation of liberty safeguards and fire safety training. A number of staff had recently commenced employment in the home. The manager confirmed measures taken to bring staff into compliance with their training requirements. This will be reviewed at the next inspection.

Checks were made to ensure that nursing staff maintained their registrations with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC).

The new management team met with all staff shortly after the takeover to introduce themselves. Minutes of the meetings were maintained. Staff told us that they found this meeting to be informative and beneficial.

Staff were observed to work well and communicate well with one another during the inspection. Care was delivered in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Patients' needs were assessed 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.

All nursing and care staff received a handover at the commencement of their shift. Staff confirmed that the handover was detailed and included the important information about their patients, especially changes to care, that they needed to assist them in their caring roles. Handover sheets were available to staff containing the pertinent patient details. An allocation chart directed staff to which area in the home they were to work.

Supplementary care records were recorded to capture the care provided to patients. This included any assistance with personal care, food and fluid intake and any checks made on patients. Nursing staff completed daily progress notes to evaluate the daily care delivery. However, it was evident, especially at night time, that some shift reports were being completed in the first half of a twelve hour shift with no additional entries made. This was discussed with the manager and identified as an area for improvement.

All patients had a pressure management risk assessment completed monthly. Where a risk of skin breakdown was identified; a care plan was developed to guide staff on how to manage this risk. Where patients required to be repositioned, records of repositioning had been maintained well.

Incident forms were completed by staff to record any accidents or incidents which occurred in the home. Falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented.

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 dietitians. 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. A mealtime champion was allocated to oversee the mealtime. A safety pause was completed with staff, prior to the meals to being served, to identify and confirm which patients required what levels of supervision and who required to have food and fluids modified.

5.2.3 Management of the Environment and Infection Prevention and Control

The home's environment including a sample of bedrooms, storage spaces and communal areas such as lounges and bathrooms were reviewed. Environmental improvements had commenced from the takeover. New bedding, curtain poles and flooring was already in place in some areas. New mattresses, beds and bedside tables had been ordered to replace identified ones. New blinds were being fitted during the inspection to communal areas. The operational director confirmed the refurbishment plans for the remainder of the home on a phased basis.

Externally new signage was in place identifying the new provider group. The external grounds and roofing had been cleaned and new garden furniture was in place for patients to relax outside.

Staff had received training in fire safety and the manager confirmed fire safety checks including fire door checks and fire alarm checks were conducted regularly. Corridors in the home were free from clutter and obstruction as were the fire exits should patients have to be evacuated. Fire extinguishers were easily accessible. Actions required from the most recent fire risk assessment had been marked as completed. However, several doors were observed to be propped open which meant that they could not close in the event of a fire bell sounding rendering them ineffective in containing the spread of fire. This was discussed with the manager and identified as an area for improvement.

Infection prevention and control audits were conducted monthly and included monitoring of staffs' hand hygiene practice. Although, areas of non-compliance with infection control, previously identified at the last care inspection, remained present. This was discussed with the manager and an area for improvement in this regard was stated for the second time.

New cleaning regimes had been implemented assigning tasks to identified staff; tracking and logging progress in real time and spot checking areas. The home was found to be clean during the inspection.

5.2.4 Quality of Life for Patients

Patients appeared comfortable and settled in their environment. There was a pleasant atmosphere throughout the home. It was observed that staff provided care in a caring and compassionate manner. It was clear through patient and staff interactions that they knew one another well and were comfortable in each other's company.

Patients confirmed that activities took place in the home. An activities planner was available for review. Activities included games, exercises, arts and crafts, bingo, pamper sessions, pet therapy and reminiscence. Upcoming events were advertised on a relatives' noticeboard. Activities were conducted on a group basis or one to one where this was the patient's preference.

Patients spoken with told us they enjoyed living in the home and that staff were friendly. One patient told us, "I love it here. The staff are brilliant. The food is good and there's plenty of it. I enjoy taking part in the bingo, skittles and bowls". Another patient told us, "They take very good care of you here".

Relatives were equally satisfied with the care provision in the home. One told us, "It's just like a big family here. Staff know xxx very well and xxx is very happy here. We are always made to feel welcome when we come in".

Visiting was open for relatives to attend when they wished and patients were free to leave the home with family members if they wished.

There was evidence of a patients' meeting and a relatives' meeting where the new owners introduced themselves and discussed the group's values of care. They informed of plans for refurbishment and sought opinions from patients on meals and menus and activities.

5.2.5 Management and Governance Arrangements

Since the last inspection there had been no change to the registered manager arrangements. Mrs Kirsty McCammon has been the registered manager of the home since 22 July 2022. Discussion with the manager and staff confirmed that there were good working relationships between staff and the manager. Staff told us that they found the manager to be 'approachable', 'realistic' and would 'listen to any concerns'.

In the absence of the manager, a nominated registered nurse would take charge of the home. Nurses first completed a competency and capability assessment on taking charge of the home prior to commencing this role.

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.

The manager confirmed their own internal governance practices in order to monitor the quality of care and other services provided to patients. Audits were conducted on, for example, patients' care records, restrictive practice, wound care, medicines management, staff training and the environment. The manager and operational director had developed their own

improvement development plan on a range of care areas and were systematically progressing through each one.

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 and completed reports were available for review by patients, their representatives, the Trust and RQIA.

A complaint's file was maintained and records kept to include the nature of any complaint and any actions taken in response to the complaint. The number of complaints made to the home was low. Any compliment's received were also kept on file and shared with staff. Compliments or complaints could be made on the home's own website.

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	2*	1

*The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Kirsty McCammon, Registered Manager, and Sharon Loane, Operational Director, 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 (7) Stated: Second time To be completed by: 3 October 2024	The registered person shall ensure that the infection prevention and control issues identified on inspection are managed appropriately. A more robust system to monitor IPC should be developed. Ref: 5.1 and 5.2.3
	Response by registered person detailing the actions taken: Training re IPC will be retaken by all staff to ensure they have the knowledge re same. Auditing arrangements have been reviewed to ensure they are sufficiently robust to identify any shortfalls and ensure practice is as per best practice guidelines,

<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (d) (i)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (3 September 2024)</p>	<p>The registered person shall ensure that the practice of propping open doors in unattended rooms ceases with immediate effect.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Fire training has been scheulded for 04112024. Staff have in the interim being reminded of fire safety measures. Daily spot checks are undertaken to ensure compliance.</p>
<p>Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 4</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect (3 September 2024)</p>	<p>The registered person shall ensure that care records are maintained in a person centred, sufficiently detailed and meaningful manner at all times this relates specifically to the daily evaluation of care.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Arrangements in place to review care plans to ensure that care interventions are adequate to reflect the assessed needs ofg patitent. Auditing arrangements will include a review of daily care records to ensure these are miantianed to reflect 24 hour care.</p>

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



The Regulation and Quality Improvement Authority
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

Assurance, Challenge and Improvement in Health and Social Care