The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Glenview Private Nursing Home

Provider: EBBAY Limited

Date of Inspection: 18 August 2026

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 Limited
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 46 patients. The home is divided in four units; a self-contained dementia unit on the lower ground floor that provides care for up to 11 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 18 August 2026 from 9.15 am to 4.45 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 patients' dignity and well-being and that staff were knowledgeable and well trained to deliver safe and effective care.

As a result of this inspection, five areas for improvement from the previous care inspection were assessed as having been addressed. Full details, including one restated and 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: "The staff are top bill. They are excellent. They would go to the end of the earth for you. The food is excellent. You always get a choice"; "It is a lovely home with good staff and a good manager"; "They (the staff) are looking after me very well" and "I am very happy here."

Relatives commented positively about the overall provision of care within the home. Comments from relatives included, "I have no concerns." and "The staff are 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 manager is great. The staff are all very nice. You don't get a burden or pressure. It is a joy to come to work" and "We work with everyone. We have a good manager and there is good teamwork."

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

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.

Staff said that they were satisfied that the number and skill mix of staff on duty met the needs of the patients. Patients raised no concerns in relation to the staffing arrangements.

Observation of the delivery of care evidenced that patients' needs were met by the number and skills of the staff on duty and that staff responded to requests for assistance promptly in a caring and compassionate manner.

Checks were made to ensure nurses maintained their registrations with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council.

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 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.

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. 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, falls were reviewed monthly for patterns and trends to identify if any further falls could be prevented.

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 and patients appeared to enjoy their meal.

Patients may need support with meals ranging from simple encouragement to full assistance from staff. It was observed that some patients were not appropriately supervised during lunch in the Cabragh unit in keeping with their assessed needs. An area for improvement was identified.

Management and staff understood the importance of engaging with patients. Patients were encouraged to participate in their own activities such as watching TV, reading, resting or chatting to staff and visitors. Arrangements were also in place to meet patients' social, religious and spiritual needs. An activity planner displayed highlighted events such as flower arranging, music therapy, arts and crafts, board games, word searches, balloon tennis and bingo. External music entertainment was planned for later in the week. An activity planner was not displayed in the Cabragh unit. This was discussed with the manager who agreed to review the format of the current planner and ensure they are displayed throughout the home in a suitable format.

Examination of activity records evidenced gaps in evaluations of up to two months. Some records reviewed were repetitive, not person centred and lacking in sufficient detail to determine if patients enjoyed the activities provided. There was no evidence that registered nursing staff had oversight of these records. There is a need for improvement in regard to the system in place for evidencing delivery of meaningful and patient centred activities. An area for improvement was identified.

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.

Review of a selection of care records evidenced that care plans were in place to meet patients' assessed needs in a timely manner. Nursing staff recorded regular evaluations about the delivery of care.

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 the patient. There was evidence of ongoing maintenance and refurbishment works to the home. The front of the home had been recently painted and the manager confirmed a painting schedule was in place for patient bedrooms. New curtains and matching bed linen had been purchased for many of the patient bedrooms.

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

There was evidence that systems and processes were in place to manage infection prevention and control, which included regular monitoring of the environment, and staff practice to ensure compliance. We discussed ways to enhance the environmental audit to include further detail regarding all remedial works required, timeframes and persons responsible.

A small number of shortfalls in individual staff practice with infection prevention and control (IPC) practices were discussed with the manager who agreed to monitor this through their audit processes and arrange additional training and supervisions if required.

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.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. While improvements were noted, further work is required to develop the governance and managerial oversight arrangements to ensure these drive the necessary improvements. An area for improvement identified at the previous care inspection was stated for a second time.

There was a system in place to manage any compliments and 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.

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	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 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 10 (1) **Stated:** Second time **To be completed by:** 18 August 2026	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: 2.0 and 3.3.5
	Response by registered person detailing the actions taken: The registered person will ensure that the governance systems in place are implemneted fully. The systems will focus on timely identification of any shortfalls through regualr monitoring and review processes. Clear and actionable action plans will be developed and communicated to drive continuous improvements. Furthermore, regular audits and follow up processes will be established to ensure accountability and sustain progress.
Area for improvement 2 **Ref:** Regulation 13 (1) (b) **Stated:** First time **To be completed by:** 18 August 2026	The registered person shall ensure that patients are appropriately supervised in accordance with their assessed needs at mealtimes. Ref: 3.3.2
	Response by registered person detailing the actions taken: The registered person shall ensure that residents receive appopriate supervision and support during mealtimes, proportionate to their assessed needs and risks, including any identified risks relating to SALT recommnedations.

Action required to ensure compliance with the Care Standards for Nursing Homes (December 2022)	
Area for improvement 1 **Ref:** Standard 11 **Stated:** First time	The registered person shall ensure that a comprehensive and person centred record of the activities delivered is retained. Records should evidence oversight by registered nursing staff. Ref: 3.3.2
To be completed by: 18 August 2026	**Response by registered person detailing the actions taken:** The registered person shall ensure that comprehensive, accurate and person- centred records of activites provided to residents are maintained and retained. Records shall clearly demonstrate the range and freqeunecy of activities delivered, residents participation and engagement, and how activities have been planned and adapted to meet individual preferences, needs and abilities. Regsitered Nurisng staff shall cross reference records maintained for the provison of activites both in progress notes and monthly evaluations of social care plans.

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

The **Regulation** and **Quality Improvement** Authority

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