

# Unannounced Care Inspection Report 2 March 2020



## Glendun Nursing Home

**Type of Service: Nursing Home (NH)**

**Address: 67 Knocknacarry Road,  
Cushendun, BT44 0NS**

**Tel No: 028 2176 1222**

**Inspector: Caroline Rix**

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015.

## 1.0 What we look for



## 2.0 Profile of service

This is a nursing home registered to provide nursing care for up to 30 patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Glendun Nursing Home Ltd  <b>Responsible Individual:</b> David Leo Morgan	<b>Registered Manager and date registered:</b> Katrina Mary O'Hara 21/12/2018
<b>Person in charge at the time of inspection:</b> Katrina Mary O'Hara	<b>Number of registered places:</b> 30 NH-I, NH-PH
<b>Categories of care:</b> Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	<b>Number of patients accommodated in the nursing home on the day of this inspection:</b> 23

### 4.0 Inspection summary

An unannounced inspection took place on 2 March 2020 from 09.30 to 15.15.

This inspection was undertaken by the care inspector.

The term 'patient' is used to describe those living in Glendun Nursing Home which provides nursing care.

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.

Evidence of good practice was found in relation to staff attentiveness to patients and the delivery of care which took into account personal preferences/choices of patients. Staff demonstrated that they had a good understanding of the individual needs of the patients and worked well as a team to deliver care to patients' in an individualised manner. The delivery of care took into account needs, personal choice and level of dependence of the individual patients.

An area requiring improvement was identified in relation to their policies and procedures on adult safeguarding and restraint to be reviewed.

Patients described living in the home as being a good experience. Patients unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from patients, people who visit them and staff during the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and patients' experience.

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

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

Enforcement action did not result from the findings of this inspection.

#### 4.2 Action/enforcement taken following the most recent inspection dated 20 June 2019

The most recent inspection of the home was an unannounced care and medicines management inspection undertaken on 20 June 2019. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 20 June 2019.

#### 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received. For example serious adverse incidents.

During our inspection we:

- where possible, speak with patients, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

A poster indicating that an inspection was taking place was displayed at the entrance to the home.

Questionnaires were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. No questionnaires were returned to RQIA prior to the issuing of this report.

A poster was provided for staff detailing how they could complete an electronic questionnaire with their views. No responses were received within the relevant timescales.

The following records were examined during the inspection:

- duty rota for all staff from 24 February to 8 March 2020
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- three patient care records
- three patient care charts including food and fluid intake charts and falls management
- a sample of governance audits/records
- complaints record
- compliments received
- monthly quality monitoring reports for January and February 2020
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

**6.0 The inspection**

**6.1 Review of areas for improvement from previous inspection(s)**

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time	The registered person shall ensure that the infection prevention and control issues identified during this inspection are addressed.  Ref: 6.3; 6.4; 6.5	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector confirmed that staff practices in relation to infection prevention and control (IPC) have been discussed and monitored to confirm best practice standards are being maintained. The identified shower areas within the home have been refurbished to ensure full cleaning can be completed.	

<b>Action required to ensure compliance with The Care Standards for Nursing Homes (2015)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 41  <b>Stated:</b> First time	The registered person shall ensure items are appropriately stored in all storage areas in keeping with IPC best practice standards.  Ref: 6.3	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector observed the appropriate storage of medical equipment and other items in line with IPC best practice standards.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 5  <b>Stated:</b> First time	The registered person shall ensure when bedrails are in use there is a relevant care plan and documentation to evidence consultation with patients, relatives and other relevant personnel.  Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector reviewed records that evidenced patient's care plans, risk assessments and documentation relating to the use of bedrails were in place. These records confirmed they had been developed in conjunction with patients, relatives and other relevant healthcare professionals and were subject to regular reviews.	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 22  <b>Stated:</b> First time	The registered person shall ensure a falls protocol is in place and where a fall results in a head injury or suspected head injury neurological observations are carried out appropriately.  Ref: 6.4	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The inspector reviewed records to evidence that a post falls protocol was in place. The inspector discussed the system of recording head injury or suspected head injury neurological observations with the manager. Records confirmed nurses were completing records appropriately.	

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that a patient centred dining experience is promoted, specifically the observations outlined in this report.</p> <p>Ref: 6.5</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector observed that the lunchtime dining experience for patients. The dining room atmosphere was calm, unhurried and relaxed. The table were clean and condiments present. Staff assisted patients as required and independent eating was encouraged. The staffs were aware of individual patients' likes and dislikes. Meals being served to patients outside the dining room was on trays which had food suitably covered.</p>		
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 46</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that the duty rota clearly identifies name and designation of all staff working in the home.</p> <p>Ref: Section 6.6</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector confirmed that the staff duty rota had been revised and now clearly identified the full name and designation of all staff. The day and night duty rotas clearly defined those staff working in the nursing home, separate from the residential unit.</p>		
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home:</p> <ul style="list-style-type: none"> <li>• Governance audits in respect of care planning, Infection prevention and control and accident incidents should identify shortfalls and improvement embedded into practice.</li> </ul> <p>Ref: 6.6</p>	<p><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The inspector reviewed evidence that quality monitoring audits of the quality of nursing and</p>		

	services provided were being carried out consistently and in line with best practice. Records were noted of any shortfalls identified and actions taken and signed by manager when addressed.	
--	---	--

## 6.2 Inspection findings

### 6.3 Is care safe?

#### **Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.**

The manager confirmed that the planned staffing levels for the home were subject to regular review to ensure the assessed needs of patients were met. The duty rotas reviewed reflected that the planned daily staffing levels were adhered to. The inspector also sought staff opinion on staffing via the online survey; no responses were received.

Staff commented;

- “It is much better now with our full staff numbers; we have time to do the little things and enjoy chats with our residents which is great.”

Patients and their visitors spoken with during the inspection were satisfied with staffing levels in the home.

The inspector observed that staff were responsive to patients’ needs, assistance was provided in a timely manner and call bells were answered promptly.

Discussions with the manager, staff and a sample of the home’s duty rota information viewed indicated that the manager endeavours to ensure that there is at all times the appropriate number of experienced persons available to meet the assessed needs of the patients. The manager indicated that they currently have no vacant posts as a care assistant was recently appointed. The manager stated that they have a number of relief staff available to cover for some shifts to ensure the required staffing levels are maintained.

The home’s staff recruitment process was discussed with the manager who was knowledgeable in relation to safe recruitment practices. The manager confirmed that a small number of new staff have been appointed in the last year to fill vacant posts. A review of the recruitment records for one staff member confirmed all pre-employment information had been obtained and reviewed in keeping with regulations. Staff spoken with stated they had completed a period of induction and a review of records confirmed this process.

There was a system in place to monitor the registration status of registered nurses with the NMC and care staff with NISCC and this clearly identified the registration status of all staff.

Staff confirmed that they received the required mandatory training to ensure they knew how to provide the appropriate care. All staff stated that they felt that their training provided them with the skills and knowledge to effectively care for patients within the home. The manager



confirmed that staff compliance with mandatory training was monitored by their training officer and that the staff were prompted when training was due.

The inspector identified that the manager had completed training in October 2019 to level 3, 4a and 4b on the Mental Capacity Act (Northern Ireland) 2016, Deprivation of Liberty Safeguarding code of practice. The training of all care staff to level 2 in this subject had also been completed.

The entrance area to the home was welcoming and well decorated; there was information available relating to infection control and making a complaint. A review of the home's environment was undertaken which included bedrooms, bathrooms, lounges, the dining room and storage areas. These areas were found to be warm, comfortable, clean and tidy. Bedrooms were personalised to suit the tastes and preferences of individual patients. In addition, a number of the shared areas were noted to be well decorated, clean and uncluttered.

The inspector viewed a number of bedrooms which had been recently refurbished with walls repainted, new flooring, furniture and curtains. These had been tastefully decorated and the manager confirmed that, so far, seven bedrooms have been completed as part of a rolling programme of redecoration.

The inspector saw that fire safety measures were in place to ensure patients, staff and visitors to the home were safe. Fire exits and corridors were observed to be clear of clutter and obstruction.

Staff were observed adhering to infection prevention and control best practice standards throughout the inspection. Gloves and aprons were readily available to staff and used appropriately while staff attended to patients' needs. The provision and use of handwashing facilities throughout the home was observed to be consistently utilised.

### Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, adult safeguarding and infection prevention and control.

### Areas for improvement

No new areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

### 6.4 Is care effective?

**The right care, at the right time in the right place with the best outcome.**

The inspector observed the daily routine and the care given to patients in the home and was satisfied that patients received the right care at the right time.

Staff confirmed they received a handover when they came on duty which provided them with an update on the patients' care needs and any changes to these. Staff spoken with were knowledgeable about the patients' care needs and confirmed that these were regularly reviewed to determine the effectiveness of care delivered, especially if patients' needs had changed.

Discussions with staff, patients and relatives, along with the inspector's observations demonstrated that staff had a good understanding of the individual assessed needs of patients. Staff could describe the importance of respecting patients' personal preferences and choices and in supporting them to make choices.

Review of three patient's care records evidenced that registered nurses assessed, planned, implemented and reviewed care in accordance with NMC guidelines. A range of risk assessments had been completed to inform care planning for the individual patients. There was evidence that the care planning process included input from the patient and their representative. There was evidence of regular communication with representatives within the care records.

There was evidence of referrals having been made to relevant health care professionals, such as the Tissue Viability nurse (TVN) team, dietician or speech and language therapist (SALT), where necessary. Patients' care plans included recommendations from the TVN, dietician and SALT that were regularly reviewed.

Feedback from patients and a relative included the following comments:

- "I like it here, this is a great home. If there is a better home anywhere, let me know, because I doubt there is one."
- "I am happy here, I have a roof over my head and am well looked after. I have no one else living to look after me now."
- "The care is excellent; the staff do all they can for me and others. It isn't home but it's the next best thing."
- "We are very happy with the care provided."

Staff were observed engaging with patients and visitors in an open and friendly manner throughout the day. Those unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with staff. The inspector noted that call bells were answered promptly.

Staff comments included:

- "The care we provide is very good. I really like working here. Our residents' choices are respected."
- "We all work together; we have a caring staff team."
- "We try to make it as close to home as possible for each individual person."
- "It is sad when a resident dies; we miss them and their families."

The inspector observed the serving of lunch in the dining room. The patients' menu choices were displayed on noticeboards and had been sought in advance and recorded by care staff. The cook described how the communication between patients, staff and the kitchen was effective, especially with regard to any patients who have particular food preferences. Patients were offered clothing protectors and staff were wearing aprons. A nurse was overseeing the meal and the atmosphere was calm, unhurried and relaxed. Patients were

offered a selection of drinks throughout the meal time. Staff demonstrated their knowledge of how to thicken fluids if necessary and which patients required a modified diet. The food smelled appetising and was well presented. It was obvious that staff were aware of individual patients’ likes and dislikes. Staff assisted patients as required and independent eating was encouraged with lots of friendly conversations heard during the mealtime.

Patients spoken with expressed their satisfaction with the quality and variety of food provided in the home. Some patients commented;

- “The food is good and plenty of it.”
- “The food is excellent, but I don’t have a big appetite.”
- “They know exactly what food I like to eat as I need a special diet.”
- “The cook makes the best porridge ever, better than anyone.”

A record of patients’ food and fluid intake was maintained; records reviewed were up to date. The inspector noted that in mid-afternoon, patients were offered a range of hot and cold beverages and a selection of cakes, snacks and biscuits.

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to record keeping, referral to other healthcare professionals and the meal time experience.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	<b>Regulations</b>	<b>Standards</b>
<b>Total number of areas for improvement</b>	0	0

**6.5 Is care compassionate?**

**Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.**

The inspector spoke with five patients about their experience of living in Glendun Nursing Home.

Patients were complimentary about life in the home; they commented:

- “I am happy living here. I get to decide what time to get up in the morning, choose what I would like to eat, and decide if want to join others in the lounge or stay in my room for some quiet time.”
- “Living here is good but I am waiting to move to town near to my friends and family.”
- “I love it here, if you need help there is a swarm of girls to help us.”

Relatives spoken with during the inspection commented:

- “The home is good and xxx gets all the help and care she needs.”

- “The staffs are very caring. Our family could speak to any of the nurses or the manager if we ever had any problems and am sure it would be sorted out.”

Observation of care delivery evidenced that staff treated patients with dignity and respect. The inspector observed that staff knocked on bedroom and bathroom doors before entering and ensured doors were closed when delivering care to preserve patients’ privacy. Staff stated that “we get to know the patients very well.”

Patients spoken with said that if they had a concern they knew whom to talk to and they felt listened to by staff in the home. Staff could describe their responsibility in relation to reporting poor practice and had awareness of the home’s policy and procedure with regard to whistleblowing.

A number of compliments had been received by the home which included:

- ‘Thanks so much everyone for your friendship, help and support over the years. Xxx (patient) was very contented in the home and that meant so much to the family’.
- ‘Today we visited your home to see our friend. I would like to thank you all for your kindness to us. Because of the dark evening we arrived early. You gave us a lovely meal with our friend. It was beautiful and we enjoyed it. We found our friend in very good form. Thanking you again.’

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives and taking account of the views of patients.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.6 Is the service well led?**

**Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.**

There have been no changes in management arrangements since the last inspection. A review of the duty rota evidenced that the manager’s hours and the capacity in which these were worked were clearly recorded.

The certificate of registration issued by RQIA was displayed in the entrance hall of the home. Discussions with staff and observations confirmed that the home was operating within the categories of care for which the home was registered.

A review of a selection of governance audits evidenced that systems were in place to monitor and evaluate the quality of nursing care and other services provided in the home; this helped to ensure action was taken to address any deficits identified and to drive quality improvement. Audits were completed to review areas such as accidents/incidents, falls, infection prevention and control, complaints, medication records and care plans.

Discussions with the manager and review of records evidenced that systems were in place to ensure notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. It was noted that details of incidents are audited monthly as part of the quality monitoring process; this assists in highlighting trends and risks, and identifying areas for improvement.

The inspector reviewed the homes policies and procedures on adult safeguarding and restraint. It was discussed with the manager the need for these policies and procedures to be reviewed to incorporate the Mental Capacity Act (Northern Ireland) 2016, Deprivation of Liberty Safeguarding code of practice which came into effect 1 December 2019 in Northern Ireland. This is an area for improvement identified during inspection.

A review of adult safeguarding information and discussions with the manager provided evidence that no referrals had been made in relation to adult safeguarding in the last year. Any adult safeguarding matters/referrals are reviewed as part of the monthly quality monitoring process. Discussions with the manager and staff demonstrated that they were knowledgeable in matters relating to adult safeguarding and the process for reporting adult safeguarding concerns.

There was also a system in place to ensure complaints were managed appropriately. The inspector reviewed records of the one complaint received since the last inspection and found the matter had been investigated and managed appropriately, and quickly resolved.

Monthly quality monitoring reports were reviewed for January and February 2020. These reports had been completed by a company director, as designated by the responsible person and were appropriately detailed in line with legislation. It was identified that an action plan is generated to address any area for improvement. The records indicated engagement with staff, patients, and where appropriate, their representatives and other professionals. Reports were noted to include reviews of the previous action plan, staffing arrangements, accidents/incidents, adult safeguarding matters, dependency levels, care records, environmental matters and complaints.

The inspector discussed the need for this report template to be updated to include a section or prompt regarding Deprivation of Liberty Safeguarding decisions in place for patients to be monitored.

Discussions with staff evidenced that they felt there were good working relationships within the home and they felt supported in their role.

Comments included:

- “It’s good here; the induction and training is good. The nurses and manager are all approachable.”
- “The teamwork and support is one of the best parts about working here. The manager listens to ideas from the staff.”
- “I would definitely report any concerns immediately as some residents can’t speak for themselves.”

## Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

## Areas for improvement

The following area was identified for improvement in relation to the policies and procedures on adult safeguarding and restraint. These are to be reviewed to incorporate the Mental Capacity Act (Northern Ireland) 2016, Deprivation of Liberty Safeguarding Code of Practice.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Katrina O'Hara, manager, and David Morgan, responsible person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the nursing home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The Care Standards for Nursing Homes (2015).

### 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</b>	
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 36 (1)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 April 2020</p>	<p>The registered person shall ensure that the homes policies and procedures on adult safeguarding and restraint are in accordance with the statutory requirements, are evidence-based and in line with the current best practice as defined by professional bodies and national standard setting organisations.</p> <p>Ref: 6.6</p>
	<p><b>Response by registered person detailing the actions taken:</b> The homes policies and procedures on adult safeguarding and restraint have been reviewed and updated and are in accordance with statutory requirements, are evidence based and in line with current best practice.</p>

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



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
**Twitter** @RQIANews

Assurance, Challenge and Improvement in Health and Social Care