



Unannounced Care Inspection Report

4 June 2018



Glendun Nursing Home

Type of Service: Nursing Home (NH)

Address: 67 Knocknacarry Road, Cushendun, BT44 0NS

Tel No: 028 2176 1222

Inspector: Kieran McCormick

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.

1.0 What we look for



2.0 Profile of service

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

3.0 Service details

Organisation/Registered Provider: Glendun Nursing Home Ltd Responsible Individual(s): Mr David Leo Morgan	Registered Manager: Mrs Clare Burke
Person in charge at the time of inspection: Angela Williamson – Registered Nurse	Date manager registered: 4 June 2015
Categories of care: Nursing Home (NH) I – Old age not falling within any other category. PH – Physical disability other than sensory impairment.	Number of registered places: 30

4.0 Inspection summary

An unannounced inspection took place on 4 June 2018 from 09.40 to 16.05 hours.

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 Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and 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.

As a result of the inspection, RQIA was concerned that some aspects of the quality of care and service delivery within Glendun Nursing Home were below the minimum standard expected. A decision was taken to hold a serious concerns meeting in relation to the care and treatment of patients. This meeting took place at RQIA on 8 June 2018.

During the serious concerns meeting the registered manager and registered provider acknowledged the failings, the registered persons were able to provide a full account of the actions and arrangements needed to ensure the improvements necessary to achieve compliance with the required regulation. RQIA were satisfied with the assurances provided and a decision was made that no further action was required to be taken.

A further inspection will be undertaken to validate sustained compliance and drive necessary improvements.

Areas requiring improvement were identified as outlined in the quality improvement plan (QIP). Please refer to section 7.0.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	*5	5

*The total number of areas for improvement include one which has been stated for a second time and which have been carried forward for review at the next care inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Mr David Leo Morgan, Responsible Individual as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action in the form of a serious concerns meeting did result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection dated 5 February 2018

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 5 February 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which includes information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the returned QIP from the previous care inspection
- the previous care inspection report
- pre-inspection audit

During the inspection we met with five patients and eight staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. A poster was provided which directed staff to an online survey.

A poster informing visitors to the home that an inspection was being conducted was displayed on the front door of the home.

The following records were examined during the inspection:

- duty rota for all staff from 21 May to 3 June 2018
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- incident and accident records
- two staff recruitment files
- four patient care records
- five patient supplementary care records
- a selection of governance audits
- training records
- annual quality report questionnaires
- complaints record
- compliments received
- RQIA registration certificate
- certificate of employers liability
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the responsible individual at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 5 February 2018

The most recent inspection of the home was an unannounced medicines management inspection.

The completed QIP was returned and approved by the pharmacist inspector.

This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 30 May 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 27 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered provider must ensure that designated fire doors are not wedged or propped open, in accordance with fire safety regulations and best practice.</p> <p>If a door is to be 'held open' a device fitted that is linked to the fire alarm system should be installed in consultation with the home's fire risk assessor and, if required, the home's fire risk assessment is reviewed and updated.</p>	Not met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector observed four fire doors throughout the home to be either wedged or propped open.</p> <p>This area for improvement has not been met and has been stated for a second time.</p>	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 46.2</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2017</p>	<p>The registered provider should ensure that best practice in relation infection prevention and control is adhered to at all times.</p>	Met
	<p>Action taken as confirmed during the inspection:</p> <p>Observations and a review of the environment highlighted no concerns in relation to infection prevention and control.</p>	
<p>Recommendation 2</p> <p>Ref: Standard 4.9</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2017</p>	<p>The registered provider should ensure that patient care records, such as repositioning charts, are recorded contemporaneously.</p>	Not met
	<p>Action taken as confirmed during the inspection:</p> <p>The inspector requested to review patients' repositioning records only to be informed that none had been implemented on the day of</p>	

	<p>inspection for any of the patients requiring same. A review of previous repositioning charts evidenced 'gaps' in recording the care delivered.</p> <p>This area for improvement has not been met and has been subsumed into an area for improvement under the regulations.</p>	
<p>Recommendation 3</p> <p>Ref: Standard 5</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2017</p>	<p>The registered provider should ensure that patient information and records are maintained in a confidential manner to ensure the privacy and dignity of patients is upheld.</p> <p>Action taken as confirmed during the inspection: Patients' records on the day of inspection were observed to be securely and confidentially managed.</p>	Met
<p>Recommendation 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2017</p>	<p>The registered provider should ensure that the registered manager's hours are kept under review to ensure she is enabled to have time to undertake her managerial responsibilities.</p> <p>Action taken as confirmed during the inspection: It was confirmed that the registered manager due to staffing insufficiencies is deployed in the delivery of direct patient care. No management hours are currently allocated.</p> <p>This area for improvement has not been met and has been subsumed into an area for improvement under the regulations.</p>	Not met

6.3 Inspection findings

6.4 Is care safe?

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

The nurse in charge confirmed the planned daily staffing levels for the home. Discussion with patients and staff confirmed that they had no concerns regarding staffing levels in respect of delivery of care. A review of the staffing rota from 21 May to 3 June 2018 evidenced that the planned staffing levels for care delivery were adhered to. Rotas also confirmed that catering and

housekeeping were on duty daily to meet the needs of the patients and to support the nursing and care staff. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty and that staff attended to patients needs in a timely and caring manner.

It was however clear from discussions with staff that the registered manager is counted within the care delivery team and is deployed to work direct with patients.

Review of governance audits for falls confirmed that on a monthly basis the number, type, place and outcome of falls were analysed to identify patterns and trends. Action plans were in place to address any deficits identified.

Review of notification records evidenced that all notifiable incidents were reported to the Regulation and Quality Improvement Authority (RQIA) in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

A review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council (NMC) and care staff with the Northern Ireland Social Care Council (NISCC). Records confirmed that the registered manager had reviewed the registration status of staff on a monthly basis.

An inspection of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms were personalised with photographs, pictures and personal items. One store room, on the first floor, was noted to be quite cluttered and untidy, this was discussed with the registered provider who agreed to address. Observation of furniture throughout the home identified a significant volume of chairs and side tables that were ripped, torn and no longer fit for purpose in their current state. Such conditions of the furniture also posed an infection prevention control risk to patients in the home. This was highlighted to the registered provider and an area for improvement under the standards was made.

Staff practice in relation to infection prevention and control measures were observed to be in keeping with best practice guidance, however a review of the sluice areas highlighted that patient toileting equipment was not properly stored in order to allow equipment to effectively dry after having been cleaned. An area for improvement under the standards has been made.

Fire exits and corridors were observed to be clear of clutter and obstruction. However the inspector observed four fire doors to be either wedged or propped open, this practice poses a serious fire safety risk to all those in the home. This issue was stated as an area for improvement at the last inspection in May 2017 and will be stated for a second time following this inspection.

Review of two staff recruitment files evidenced that these were maintained in accordance with Regulation 21, Schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records also evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work. Discussion with staff and review of records evidenced that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

We discussed the provision of mandatory training with staff and reviewed staff training records. Whilst we are aware that Glendun provide e-learning training, staff advised that they had not been able to complete their mandatory training. Training records reviewed by the inspector had not been maintained in accordance with Standard 39 of the DHSSPS for Nursing Homes 2015. An area for improvement under the standards has been made.

One staff member who met with the inspector advised that they had not had supervision or appraisal “in a long time”, for another member of staff they confirmed that they had received supervision but had not received an appraisal. There was no evidence on the day of inspection of individual staff supervisions and appraisal having been carried out to date. There was no evidence of a system in place to track supervision and appraisals or to evidence that a programme of supervision and appraisal had been facilitated or planned. An area for improvement under the standards has been made.

Staff spoken with clearly demonstrated knowledge of their specific roles and responsibilities in relation to adult safeguarding and their obligation to report concerns. A review of documentation confirmed that any potential safeguarding concern was managed appropriately in accordance with the regional safeguarding protocols and the home’s policies and procedures. RQIA were notified appropriately.

Areas of good practice

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

Areas for improvement

Areas for improvement under the standards were made in regards to furniture including chairs and tables, storage and drying of toileting equipment, completion and recording of staff training and the provision of staff supervision and appraisals.

	Regulations	Standards
Total number of areas for improvement	0	4

6.5 Is care effective?

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

Discussion with staff evidenced that nursing/care staff were required to attend a handover meeting at the beginning of each shift. Staff confirmed that the shift handover provided the necessary information regarding any changes in patients’ conditions and they were encouraged to contribute to the handover meeting.

Staff who were spoken with stated that that if they had any concerns, they could raise these with nursing staff or the registered manager. Staff spoke positively about working within the home.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

Discussion with staff and a review of records on the day of inspection confirmed that staff meetings had taken place on the 24 January 2018 and the 1 March 2018.

Care records evidenced that a range of validated risk assessments were used and informed the care planning process. There was also evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN) dieticians and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also found. However weaknesses were identified in relation to records pertaining to the care of patients in receipt of wound care management. In the instance of one patient a person centred care plan for the management of their wound had not been devised. For another patient the wound care plan on file did not reflect the prescribed dressing regime for the patient. These deficits were highlighted to the registered nurse on duty and an area for improvement under regulation was made.

While staff who were spoken with demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality in relation to the storage of records, it was identified that on the day of inspection patients requiring to be repositioned had not had the appropriate records in place to evidence that this had been carried out. A review of previous records demonstrated that the frequency of repositioning for individual patients was not in keeping with their plan of care. This issue was stated as an area for improvement at the last inspection in May 2017 and will be subsumed into an area for improvement under the regulations following this inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to teamwork, and communication between residents, staff and other key stakeholders.

Areas for improvement

Areas for improvement under the regulations were made in regards to the completion of care planning for the management patients in receipt of wound care and the completion of records for those requiring repositioning.

	Regulations	Standards
Total number of areas for improvement	2	0

6.6 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 arrived in the home at 09.40 hours and was greeted by staff who were helpful and attentive. Patients were enjoying their breakfast or a morning cup of tea/coffee in the dining room, in one of the lounges or in their bedroom, as was their personal preference. Some patients remained in bed, again in keeping with their personal preference or their assessed needs. Patients had access to fresh water and/or juice and staff were observed assisting patients to enjoy their chosen activity and to eat and drink as required.

Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plan. Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Ten patient and ten relative questionnaires were issued at the time of inspection, one questionnaire returned from an unknown source stated being very satisfied across the domains of safe, compassionate, effective and well led care, a written comment was also included on the questionnaires "I feel the standard here is excellent". Two relative questionnaires returned had a response of being very satisfied across all four domains. There were no patient questionnaires returned at the time of writing this report.

The inspector met with eight staff. A poster inviting staff to complete an online survey was provided. At the time of writing this report no responses were received.

Any questionnaire responses received after the issue of this report will be reviewed by RQIA and forwarded to the relevant persons if necessary.

Discussion with a member of laundry staff, observations in the laundry area and linen stores evidenced that 'net pants' were being laundered and used communally. An area for improvement under the standards has been made.

Observation of the lunch time experience and discussion with patients evidenced that patients enjoyed a pleasurable dining experience. Staff were observed wearing appropriate personal protective equipment (PPE) and were offering and providing assistance in a discreet and sensitive manner when necessary. Apart from on one occasion, food was observed to be covered when being transferred from the heated trolley to patients who were not in the dining room. The tables were appropriately set with cutlery and condiments.

Patients confirmed that when they raised a concern or query, they were taken seriously and their concern was addressed appropriately.

Areas of good practice

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

Areas for improvement

Areas for improvement under the standards were made in regards the communal use of clothing amongst patients in the home.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 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.

The registration certificate was up to date and displayed appropriately. Since the last inspection there has been a no change in management arrangements. A certificate of public liability insurance was current and displayed. Review of records and observations undertaken during inspection confirmed that the home was operating within its registered categories of care.

Discussion with staff evidenced that there was a clear organisational structure within the home. Staff were able to describe their roles and responsibilities. In discussion patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern.

The staff duty rota failed to accurately identify the hours available to the registered manager to undertake the management role in the home. We were advised that management hours for the registered manager were utilised on a weekly basis to support the registered nursing compliment required in the home. This appears to have had a direct impact on the day to day management and governance of the home. This issue was stated as an area for improvement at the last inspection in May 2017 and will be subsumed into an area for improvement under the regulations following this inspection.

A review of the home's complaints record evidenced that complaints were managed in accordance with Regulation 24 of the Nursing Homes Regulations (Northern Ireland) 2005 and the DHSSPS Care Standards for Nursing Homes 2015. A copy of the complaints procedure was available in the home. Patients confirmed that they were confident that staff/management would manage any concern raised by them appropriately. Patients were aware of who the registered manager was.

An examination of records evidenced that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately.

The inspector reviewed evidence of systems in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to complaints, wound care, infection prevent and control, falls and nutrition. Appropriate action plans had been devised following the completion of each audit.

A review of records for January to May 2018 evidenced that Regulation 29 monitoring visits had not been consistently completed on a monthly basis. There were no reports available for the months of February and April 2018. Reports that were available did not provide a sufficient assessment of the day to day management of the home and failed to populate an action plan to address any areas for improvement. An area for improvement under the regulations has been made.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the handling of complaints, maintaining good working relationships, understanding of roles and responsibilities and communication amongst staff.

Areas for improvement

An area for improvement under the regulations was made in regards the completion of Regulation 29 monitoring visits.

	Regulations	Standards
Total number of areas for improvement	2	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr David Leo Morgan, Responsible Individual 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.

Quality Improvement Plan

Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27 (4)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<p>The registered provider must ensure that designated fire doors are not wedged or propped open, in accordance with fire safety regulations and best practice.</p> <p>If a door is to be 'held open' a device fitted that is linked to the fire alarm system should be installed in consultation with the home's fire risk assessor and, if required, the home's fire risk assessment is reviewed and updated.</p> <p>Ref: Section 6.4</p>
	<p>Response by registered person detailing the actions taken: The Directors of Glendun Nursing Home limited take fire safety precautions very seriously. Following this inspection we have installed magnetic door holders linked to fire detection system on doors identified by our fire risk assessor to ensure that we are fully compliant with current fire regulations. It is noted however that two doors identified by RQIA inspector did not require installation of devices and that our Fire Risk Assessor indicated that props could be used to hold these doors open whilst the laundry and kitchen staff are on duty</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 12 (1)(a)(b)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered persons must ensure the following in relation to patients receiving wound care:</p> <ul style="list-style-type: none"> • all patient care plans accurately reflect the prescribed care and treatment which should be delivered in compliance with recommendations made by the multiprofessional care team • the delivery of care complies with the recommendations of the multiprofessional team and relevant care plans at all times • any decision by nursing staff to deviate from such recommendations must be documented and demonstrate evidence based rationale. <p>Ref: Section 6.5</p>
	<p>Response by registered person detailing the actions taken: Care Plans in place on the day of inspection did not contain sufficient detail. This has been addressed and the documentation in use within the home is currently under review.</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 12</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered provider should ensure that patient care records, such as repositioning charts, are in place where required and are completed contemporaneously.</p> <p>Ref: Section 6.5</p> <hr/> <p>Response by registered person detailing the actions taken: At the time of inspection, the home was using Daily Check Sheets for all patients which includes a column to record change of position. 4 patients within the home also had a skin bundle record sheet. To improve record keeping the home is currently reviewing documentation used to record repositioning</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered provider should ensure that the registered manager's hours are kept under review to ensure she is enabled to have time to undertake her managerial responsibilities, the hours worked by the registered manager and in which capacity should be clearly reflected on the duty rota.</p> <p>Ref: Section 6.7</p> <hr/> <p>Response by registered person detailing the actions taken: The Directors of Glendun Nursing Home are fully aware of the hours that the home manager is currently working. As with many other Health providers ,the current position regarding recruitment of nurses is challenging. We continue to advertise for Nurses to join the company. We have recently been awarded a Tier2 Sponsor licence from the home office which will facilitate employment of nurses from overseas in the next few months.We understand that this is not an ideal situation regarding our Home manager however I refer you to the comments of the inspector where he complimented the staff on the knowledgeble and professional way they care for our residents and that he had no concerns about patient welfare. We hope this continues and we will instruct our home manager to continue as at present and prioritise her workload with priority given to the immediate needs of our residents.We will assist her with management/governance issues by providing administration support where possible</p>

<p>Area for improvement 5</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered provider should ensure that copies of the quality monitoring report are available in the nursing home: in accordance with The Nursing Homes Regulations (Northern Ireland) 2005. Such reports should provide a meaningful review of the day to day running, management, operations and governance arrangements for the home. A detailed action plan should be devised were issues have been identified and these should be followed up at subsequent monthly visits.</p> <p>The reports generated from the regulation 29 visit should be forwarded to RQIA within 5 days of the start of each new month. This submission should continue for the next 3 months in the first instance.</p> <p>Ref: Section 6.7</p>
<p>Response by registered person detailing the actions taken: A Director from Glendun Nursing Home has carried these visits out . Two visits were recently missed due to unforeseen circumstances. He has been using a template provided by RQIA. The fact that these templates have not been completed in enough detail is noted by Glendun Nursing Home Limited. We have therefore developed a more detailed template for use on these visits henceforth. It is also our intention to rotate the visits amongst other directors , therefore the new template will be used by a different director for Reg 29 visit carried out on 22nd June 2018. A copy of this visit has been sent to RQIA for approval.</p>	
<p>Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2018</p>	<p>The registered person shall ensure that an environmental audit which includes furniture is completed; records of this should be maintained and the environmental issues identified on this inspection in regards to chairs and side tables of concern should be appropriately addressed.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: As explained to inspector on day of visit a programme of refurbishment has already commenced with new dining room tables and 10 lounge chairs purchased recently. Our plan is to have other damaged chairs restored on a 'rolling cycle'. this was commenced in Feb/Mar 2018 however our supplier has failed to deliver as requested. A new supplier has been sourced and 4xNo lounge chairs were removed/restored and returned on 27th June, another 4xno chairs were removed on 27th for repair, and this cycle will continue until all damaged chairs are repaired. Chairside tables identified by Inspector as damaged have been replaced . Appropriate records will be maintained</p>

<p>Area for improvement 2</p> <p>Ref: Standard 46</p> <p>Stated: First time</p> <p>To be completed by: 30 September 2018</p>	<p>The registered person shall ensure that appropriate storage and facilities for the drying of patient toileting equipment are provided in sluice rooms throughout the home.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: despite numerous previous inspections, Estates and Care, this issue has never been raised by an inspector before. Drying racks have therefore been purchased and placed in sluice areas to assist with drying of patient toileting equipment as requested by our new Inspector</p>
<p>Area for improvement 3</p> <p>Ref: Standard 39</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that staff training is completed in accordance with best practice and legislation requirements. The training should be contemporaneously recorded and maintained in an appropriate form for the purposes of audit, review and inspection.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: .Glendun Nursing Home limited invested in an on line training system for all staff approximately 1 year ago. During this changeover period some staff will not appear as compliant on the on line reports as they are still covered by in house training within the last year. All staff have been contacted to ensure they achieve full compliance with four mandatory training modules .It is anticipated that the online audits and reports will in future provide a more accurate description of current staff training.The company recognises the importance of appropriately trained staff and as in previous years will continue to invest in staff training in order that staff will be knowledgeable when carrying out their duties .</p>
<p>Area for improvement 4</p> <p>Ref: Standard 40</p> <p>Stated: First time</p> <p>To be completed by: Immediate action required</p>	<p>The registered person shall ensure that all staff working in the home are provided with supervision and appraisal. The completed dates of supervisions and appraisals should be contemporaneously recorded and maintained in an appropriate form for the purposes of audit, review and inspection.</p> <p>Ref: Section 6.4</p> <p>Response by registered person detailing the actions taken: 36 staff have received supervision in the past year. Registered person has instructed Home manager to continue with her appraisal and supervision processes as indicated.Staff have been encouraged to return pre appraisal sheets as soon as possible. .Moving forward we have implemented a more structured system to ensure regular supervisions and annual appraisals are carried out.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 5</p> <p>Stated: First time</p>	<p>The registered person shall ensure that 'net pants, tights, socks and stockings' are not used communally but individually labelled for any patient requiring there use.</p> <p>Ref: Section 6.6</p>
<p>To be completed by: Immediate action required</p>	<p>Response by registered person detailing the actions taken: On day of inspection, a relief laundry worker was on duty in Laundry. Our regular laundry staff are aware of our policy regarding of the management of these items. Unmarked net pants which come to laundry are discarded. The two residents in the home who use tights now have their individual identified supply. Moving forward we will ensure that all staff working in the laundry are aware of this policy and a notice to this effect has been placed in the laundry.</p>

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



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

Web www.rqia.org.uk

📍 @RQIANews