



Unannounced Follow Up Care Inspection Report 13 September 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 provider 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 nursing home 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: Cathy Watson – 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 13 September 2018 from 09.45 to 12.30.

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 sought to assess progress with issues raised since the last inspection on the 4 June 2018.

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
Total number of areas for improvement	*1	1

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

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Cathy Watson, registered nurse, as part of the inspection process and post inspection with Clare Burke, registered manager. 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

The most recent inspection of the home was an unannounced care inspection undertaken on 4 June 2018. Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 4 June 2018.

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
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

During the inspection the inspector met with five patients and seven staff. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 10 patients' relatives/representatives questionnaires were left for distribution. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. A poster informing visitors to the home that an inspection was being conducted was displayed on the front door.

The following records were examined during the inspection:

- duty rota for all staff from 27 August to 23 September 2018
- evidence of completed training
- evidence of staff supervision and appraisal
- two patient care records
- three patient supplementary care records
- RQIA registration certificate

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or not 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 the most recent inspection dated 4 June 2018

The most recent inspection of the home was an unannounced care inspection.

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

6.2 Review of areas for improvement from the last care inspection dated 4 June 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27 (4) Stated: Second time	The registered provider must ensure that designated fire doors are not wedged or propped open, in accordance with fire safety regulations and best practice. 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.	Met
	Action taken as confirmed during the inspection: The inspector did not observe any fire doors to have been inappropriately wedged or propped open. The inspector observed further improvements regarding the installation of additional magnetic door holders.	

<p>Area for improvement 2</p> <p>Ref: Regulation 12 (1)(a)(b)</p> <p>Stated: First time</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 style="text-align: center;">Not met</p>
<p>Action taken as confirmed during the inspection:</p> <p>The inspector reviewed the wound care records for one patient. The inspector noted that the care plan in place for the management of the patient’s wound did not reflect the prescribed dressing regime or the frequency for which the wound should be redressed. The inspector also noted that an initial wound assessment had not been completed.</p> <p>This area for improvement has not been met and will be stated for a second time.</p>		
<p>Area for improvement 3</p> <p>Ref: Regulation 12</p> <p>Stated: First time</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 style="text-align: center;">Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>Repositioning records reviewed were completed in keeping with individual patient need.</p>		

<p>Area for improvement 4</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</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>Action taken as confirmed during the inspection: A review of a sample of duty rotas provided assurances that the manager was receiving protected time to enable her to undertake her managerial responsibilities.</p>	<p>Met</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 29</p> <p>Stated: First time</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.</p> <p>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 where 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>Action taken as confirmed during the inspection: Since the last inspection the monthly quality monitoring reports have been completed and shared with RQIA for review. Reports received have provided a meaningful and detailed review of the day to day running, management, operations and governance arrangements for the home. An action plan where relevant was also included.</p>	<p>Met</p>

Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 43 Stated: First time	<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>	Met
	<p>Action taken as confirmed during the inspection: The inspector did not observe any chairs or side tables in need of repair/replacement. The inspector notes from the Regulation 29 reports the ongoing works completed to maintain and improve the environment.</p>	
Area for improvement 2 Ref: Standard 46 Stated: First time	<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>	Met
	<p>Action taken as confirmed during the inspection: Drying racks were observed to be in place in each sluice area.</p>	
Area for improvement 3 Ref: Standard 39 Stated: First time	<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>	Met
	<p>Action taken as confirmed during the inspection: Discussion with staff and a review of records submitted post inspection provided assurances regarding the provision and completion of mandatory staff training.</p>	
Area for improvement 4 Ref: Standard 40 Stated: First time	<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>	Met

	<p>Action taken as confirmed during the inspection: Discussion with staff and a review of records submitted post inspection provided assurances regarding the ongoing provision of supervision and appraisal for staff.</p>	
<p>Area for improvement 5 Ref: Standard 5 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>Action taken as confirmed during the inspection: A review of the laundry area and discussion with staff provided assurances that clothing items mentioned above were labelled for individual patient use.</p>	Met

6.3 Inspection findings

The inspection sought to validate the areas for improvement identified at the last inspection on 4 June 2018. It was positive to note that nine of the ten areas for improvement were assessed as having been met. 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 home was fresh smelling and tidy throughout. The home's environment was noted to have been further improved including replacement of seating and identified fire doors fitted with magnetic holders.

The inspector discussed the provision of mandatory training with staff and reviewed staff training records. Staff advised the inspector of the different trainings that they had completed. Staff also informed the inspector of the supervision and appraisal opportunities that they had received. Evidence submitted to the inspector post inspection provided assurances regarding the provision of staff training, supervision and appraisal.

Discussion with the registered manager acknowledged the ongoing challenges faced by the home regarding the recruitment of registered nurses. However, a review of the duty rota and discussion with the registered manager provided assurances that the registered manager was receiving sufficient protected time in order to undertake her managerial responsibilities.

At the time of writing this report, three questionnaires from patients' representatives had been returned; the responses indicated that patient representatives were very satisfied across the four domains of safe, effective, compassionate and well led care. Comments recorded included:

"...i could not rate the care in Glendun high enough. The staff give excellent care, compassion and attentiveness to all aspects of the patients care"

“... we are very pleased with the management of the home, any requests are promptly addressed. The staff are all so caring and kind to mum”

“...my mother and other patients require the toilet frequently and at times there are not enough staff available to take patients to the toilet”.

Questionnaire comments received after specified timescales will be shared with the registered manager, as necessary.

The inspector reviewed the care records for two patients within the home. In the case of both records the inspector noted repeated examples of where care plans and/or risk assessments had not been consistently signed, dated and reviewed/evaluated by nursing staff. This was discussed with the nurse in charge and the registered manager post inspection and an area for improvement under the standards was made.

One care record, for a patient in receipt of wound care, failed to evidence that an initial wound assessment had been completed; the wound care plan did not include the prescribed dressing regime and required frequency of dressing for the management of the wound. An area for improvement has been stated for a second time.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the environment, staffing, completion of mandatory training and provision of staff supervision and appraisal.

Areas for improvement

One area for improvement has been identified regarding the signing, dating and review/evaluation of patient care plans and risk assessments.

	Regulations	Standards
Total number of areas for improvement	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 Cathy Watson, registered nurse, as part of the inspection process and post inspection with Clare Burke, registered manager. 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 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 DHSSPS 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	
Area for improvement 1 Ref: Regulation 12 (1)(a)(b) Stated: Second time To be completed by: Immediate action required	<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 6.2</p>
	<p>Response by registered person detailing the actions taken: Area of improvement highlighted to all Nurses. Further review of documentation undertaken. Frequency of Care Plan Audits will be increased to assess compliance</p>
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 4 Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that all patients care plans and risk assessments are signed, dated and reviewed/evaluated in accordance with policy and procedure.</p> <p>Ref: Section 6.3</p>
	<p>Response by registered person detailing the actions taken: Area of improvement highlighted to all Nurses. As above frequency of Audits will increase to assess compliance</p>

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



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