



The Regulation and  
Quality Improvement  
Authority

## **Unannounced Care Inspection**

**Name of Establishment:** Glendun  
**RQIA Number:** 1415  
**Date of Inspection:** 18 January 2015  
**Inspector's Name:** John McAuley  
**Inspection ID:** IN020242

**The Regulation And Quality Improvement Authority**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

## 1.0 General Information

<b>Name of Establishment:</b>	Glendun
<b>Address:</b>	67 Knocknacarry Road Cushendun BT44 0NS
<b>Telephone Number:</b>	02821761222
<b>Email Address:</b>	<a href="mailto:glendunnursing@btconnect.com">glendunnursing@btconnect.com</a>
<b>Registered Organisation/ Registered Provider:</b>	Glendun Nursing Home Ltd Mr David Morgan
<b>Registered Manager:</b>	Mrs Roisin McKay
<b>Person in Charge of the Home at the Time of Inspection:</b>	Staff Nurse Kate Hamilton
<b>Categories of Care:</b>	NH – I and PH. RC – DE, I and PH( E ) Maximum of 20 residential beds with maximum of 5 residents in RC – DE
<b>Number of Registered Places:</b>	46
<b>Number of Patients Accommodated on Day of Inspection:</b>	37 plus 1 patient in hospital
<b>Scale of Charges (per week):</b>	As per trust rates
<b>Date and Type of Previous Inspection:</b>	4 June 2013 / Primary Unannounced
<b>Date and Time of Inspection:</b>	18 January 2015 10:30am – 2:45pm
<b>Name of Inspector:</b>	John McAuley

## **2.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect nursing homes. A minimum of two inspections per year are required.

This is a report of an inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

## **3.0 Purpose of the Inspection**

The purpose of this inspection was to consider whether the service provided to patients was in accordance with their assessed needs and preferences and was in compliance with legislative requirements, minimum standards and other good practice indicators. This was achieved through a process of analysis and evaluation of available evidence.

The Regulation and Quality Improvement Authority aims to use inspection to support providers in improving the quality of services, rather than only seeking compliance with regulations and standards. For this reason, annual inspection involves in-depth examination of a limited number of aspects of service provision, rather than a less detailed inspection of all aspects of the service.

The aims of the inspection were to examine the policies, practices and monitoring arrangements for the provision of nursing homes, and to determine the Provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Nursing Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Nursing Homes Minimum Standards (2008)
- Other published standards which guide best practice may also be referenced during the Inspection process

## **4.0 Methods/Process**

Specific methods/processes used in this inspection include the following: amend as relevant

- Discussion with the Registered Provider
- Discussion with the Nurse in charge
- Discussion with staff
- Discussion with patients and residents
- Consultation with two visiting relatives
- Review of a sample of policies and procedures
- Review of a sample of staff training records
- Review of a sample of care plans
- Review of the complaints, accidents and incidents records
- Observation during a tour of the premises
- Evaluation and feedback

## 5.0 Consultation Process

During the course of the inspection, the inspector spoke with:

Patients/Residents	<b>20</b>
Staff	<b>5</b>
Relatives	<b>2</b>
Visiting Professionals	<b>0</b>

## 6.0 Inspection Focus

Prior to the inspection, the responsible person/registered manager completed a self-assessment using the standard criteria outlined in the theme inspected. The comments provided by the responsible person/registered manager in the self-assessment were not altered in any way by RQIA. The self-assessment is included as appendix one in this report.

However, due to workload pressures and contingency measures within the Regulation Directorate, the themes/standards within the self-assessment were not inspected on this occasion.

This inspection sought to establish the level of compliance being achieved with respect to the following DHSSPS Nursing Homes Minimum Standard and to assess progress with the issues raised during and since the previous inspection:

### **Standard 19 - Continence Management**

**Patients receive individual continence management and support.**

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance Statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>4 - Substantially compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation or in some circumstances a requirement, being made within the inspection report.
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 7.0 Profile of Service

Glendun Nursing home is situated Knocknacarry Road in the village of Cushendun, County Antrim.

The registered provider of home is Mr David Morgan who owns the home in partnership with three other persons.

The registered manager is Mrs Roisin McKay who has been in this post for five years.

Accommodation for patients/ residents is provided on both floors of the home with access to the first floor is via a passenger lift and stairs.

Communal lounges and dining area are provided in the ground floor level.

The home also provides for catering and laundry services on the ground floor.

A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of 46 persons under the following categories of care:

### Nursing care

I	old age not falling into any other category if required to a maximum of 31 patients
PH	physical disability other than sensory impairment under 65

### Residential care

I	old age not falling into any other category
PH(E)	physical disability other than sensory impairment over 65 years
DE	dementia care

## 8.0 Executive Summary

The unannounced inspection of Glendun Private Nursing Home was undertaken by John McAuley on Sunday 18 January 2015 between 10:30am and 2:45pm. The inspection was facilitated by Staff Nurse Kate Hamilton who was in charge on the home with verbal feedback at the conclusion of the inspection given to the Registered Provider Mr David Morgan who came to the home for same.

The previous inspection to the home was a primary unannounced inspection on 4 June 2013. Three recommendations were made as a result of that inspection. A review of these recommendations found these to be addressed satisfactorily. The details of these follow this summary.

During the course of the inspection, the inspector met with patients, staff and three visiting relatives. The inspector observed care practices, examined a selection of records, and carried out a general inspection of the nursing home environment as part of the inspection process.

The DHSSPS Nursing Homes Minimum Standard 19 on Continence Management was reviewed on this occasion. The review found that there were individualised assessments and care plans pertaining to continence care. Staff have received training and guidance in continence management. General observations of care practices found that patients / residents' personal care needs were attended to promptly and with privacy and sensitivity. This standard has been overall assessed as compliant.

Discussions with patients / residents in accordance with their capabilities were all positive, in respect of the provision of care and their relationship with staff. Details of this consultation are in 11.0 of this report.

Observations of care practices found that duties and tasks were carried out at an organised, unhurried pace, and patients / residents were treated with dignity and respect.

Discussions with staff on duty, confirmed staff were positive about their roles and duties, the teamwork and managerial support. No concerns were expressed.

A recommendation has been made in respect of the format of recording accidents / incidents as detailed in 11.8 of this report. A requirement has been made in respect of certain entries of patients / residents' behaviours documented in care records, as also detailed later in this report.

The home was clean and tidy. The general décor and furnishings was dated and tired in many areas but fit for purpose. A requirement has been made in relation to the risk of radiators / hot surfaces, as detailed in 11.4 of this report.

## **Conclusion**

The inspector can confirm that at the time of this unannounced inspection the delivery of care to patients was evidenced to be of a good standard. Patients / residents were observed to be treated with dignity and respect.

Three requirements and one recommendation/were made as a result of this inspection. These are detailed in 11.0 of this report and in the attached quality improvement plan (QIP).

The inspector would like to thank the patients / residents, staff and management for their assistance and co-operation received throughout this inspection.

## 9.0 Follow-Up on Previous Issues

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	29.1	<p><b>Carried forward from the previous QIP.</b></p> <p>The registered persons should identify key staff to be trained in supervision and appraisal to ensure that an effective system is in place to provide staff working in the home with regular, formal recorded supervision and annual appraisal.</p>	<p>A programme of supervision and appraisal with staff has been put in place.</p>	<p>Compliant</p>
2	25.2	<p>It is recommended that patients/residents and their representatives are made aware of the availability of the report, if requested.</p> <p>For example, putting a notice on the relatives' notice board advising of the availability of the report.</p>	<p>A notice was displayed advising relatives of the availability of inspection reports.</p>	<p>Compliant</p>

3	28.6	It is recommended that the name and qualifications of the person providing the training and the content of the training provided is maintained in accordance with DHSSPS minimum standards for Nursing Homes and evidenced based practice guidance.	The recording of staff training is now in accordance with this minimum standard.	Compliant
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### **9.1 Follow up on any issues/concerns raised with RQIA since the previous inspection such as complaints or safeguarding investigations.**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if RQIA is notified of a breach of regulations or associated standards, it will review the matter and take whatever appropriate action is required; this may include an inspection of the home.

Since the previous inspection in June 2013, RQIA have been notified by the home of an investigation in relation to potential safeguarding of vulnerable adults (SOVA) issue. The Northern Health and Social Care Trust safeguarding team have managed this issue under the regional adult protection policy/procedures, and such was discussed with the registered provider at the time of this inspection.

RQIA is satisfied with the outcome of this and is reassured by the registered provider's governance arrangements that are in place and that are being developed.

**10.0 Inspection Findings**

<b>STANDARD 19 - CONTINENCE MANAGEMENT</b> <b>Patients receive individual continence management and support</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
<p>19.1 Where patients require continence management and support, bladder and bowel continence assessments are carried out. Care plans are developed and agreed with patients and representatives, and, where relevant, the continence professional. The care plans meet the individual's assessed needs and comfort.</p>	
<b>Inspection Findings:</b>	
<p>A review of patients / residents' care records found that there were individualised assessments in place of continence care needs and management of same. The outcome of these assessments, including the type of continence products to be used, was incorporated into patients / residents' care plans. The care plans had supporting evidence of patient / resident and / or their representative consultation.</p> <p>Added to this, general observations of care practices found that patients / residents' personal care needs were attended to promptly and with privacy and sensitivity.</p> <p>There was also found to be adequate provision of aids and equipment in place to management this area of care.</p>	<p>Compliant</p>

**STANDARD 19 - CONTINENCE MANAGEMENT**  
**Patients receive individual continence management and support**

<b>Criterion Assessed:</b> 19.2 There are up-to-date guidelines on promotion of bladder and bowel continence, and management of bladder and bowel incontinence. These guidelines also cover the use of urinary catheters and stoma drainage pouches, are readily available to staff and are used on a daily basis.	<b>COMPLIANCE LEVEL</b>
<p><b>Inspection Findings:</b>                      Staff have received training in continence management.</p> <p>There was guidance, with policies and procedures on continence management, including catheter care and stoma care.</p>	<p align="center">Compliant</p>

**STANDARD 19 - CONTINENCE MANAGEMENT**  
**Patients receive individual continence management and support**

<b>Criterion Assessed:</b> 19.3 There is information on promotion of continence available in an accessible format for patients and their representatives.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> Information is available on the promotion of continence and on request can be made available on accessible format for patients and their representatives.	Compliant
<b>Criterion Assessed:</b> 19.4 Nurses have up-to-date knowledge and expertise in urinary catheterisation and the management of stoma appliances.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b> Discussions with the nurse on duty confirmed that they are in receipt of up to date training in urinary catheterisation and stoma care management.	Compliant

<b>Inspector's overall assessment of the nursing home's compliance level against the standard assessed</b>	<b>Compliant</b>
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## **11.0 Additional Areas Examined**

### **11.1 Patients / residents' views**

The inspector met with a large number of patients / residents throughout this inspection. In accordance with their capabilities, all confirmed / indicated that they were happy with their life in the home, the provision of care, their relationship with staff and the provision of meals.

Some of the comments made included statements such as;

"This is a lovely place to live, everyone is very kind"

"Everything is grand, no complaints"

"They are all great here"

"I am very happy here and glad to be here"

"The food is lovely with plenty of choice"

No concerns were expressed or indicated.

### **11.2 Staff views**

The inspector met with five members of staff of various grades on duty at the time of this inspection. All spoke positively about their roles and duties, the teamwork and managerial support. Staff informed the inspector that they felt a good standard of care was provided for.

No concerns were expressed.

### **11.3 Relatives' views**

The inspector met with two visiting relatives at the time of this inspection. These relatives spoke in complimentary terms about the provision of care and the kindness and support received from staff.

No concerns were expressed.

### **11.4 General environment**

The home was found to be clean and tidy. The general décor and furnishings was tired and dated in many areas but fit for purpose.

Patients / residents' facilities were comfortable and accessible to avail of.

A risk assessment was in place for radiators / hot surfaces in individual residents bedrooms. However this risk assessment was very basic in its detail of risk associated with the patient / resident's condition and also did not take account of that many radiators were adjacent to patients / residents' beds which did not take account of safety guidelines in relation to this area of risk a requirement has been made in relation to this risk.

## 11.5 Care practises

Discreet observations of care practices throughout this inspection, evidenced patients / residents being treated with dignity and respect. Staff interactions with patients / residents were observed to be polite, friendly, warm and supportive.

Care duties and tasks were organised and carried out in an unhurried pace.

Patients / residents were found to be comfortable, content and at ease in their environment and interactions with staff. Their attention to spiritual, dietary and social care was found to be appropriately attended to.

## 11.6 Staffing

Staffing levels at the time of this inspection were short of one member of staff due to the inclement weather conditions. However there appeared to be no undue ill effects from same although staff were busy.

The skill mix of staff on duty was complicated by the numbers of residents in the home and their dependencies which a number were felt to be close to nursing care. Given the workload and the size and layout of the home, a requirement has been made for a review of the skill mix of trained staff / senior care staff to be undertaken, with these factors taken into account.

## 11.7 Accident Reports

A review of these reports was undertaken from September 2014 to date of inspection. These were found to be appropriately managed and reported to the management of the home. Recommendations have been made to include in the format of recording accidents / incidents, confirmation that the registered manager has signed all reports on a regular and up to date basis as reviewed / inspected, and confirmation that the patient / resident's aligned care manager is notified of the event.

However discussions with the registered provider during the verbal feedback of inspection findings found good evidence of governance in place, in that the registered provider was knowledgeable of accidents and incidents in the home and took proactive measures to manage same.

## 11.8 Care Records

A review of a sample of patients / residents' care records was undertaken. This review found these records to be generally well maintained. However one care record's progress records contained statements that the patient / resident was "unsettled" and "cross and aggressive", but did not give clear account of the actual behaviour. A requirement has been made for such terms to be refrained from and statements to be in clear informative detail with a recorded statement of care / treatment given and effect of same.

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mr David Morgan, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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

Enquiries relating to this report should be addressed to:

**John McAuley**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Secondary Unannounced Care Inspection

Glendun

18 January 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with (Mr David Morgan either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**Statutory Requirements**

**This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Nursing Homes Regulations (NI) 2005**

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	27 (2) (t)	<p>The registered person shall, having regard to the number and needs of patients, ensure that –</p> <p>(t) a risk assessment to manage health and safety is carried out and up dated when necessary.</p> <p>Reference to this is made in that a risk assessment must be carried out on all radiators / hot surfaces in accordance with current safety guidelines with subsequent appropriate action.</p>	One	The Manager is currently carrying out a risk assessment on all radiators/hot surfaces within the home and where an assessed risk is identified appropriate action will be taken.	18 April 2015

2.	20 (1) (a)	<p>The registered person shall, having regard to the size of the nursing home, the statement of purpose and the number and needs of patients –</p> <p>(a) Ensure that at all times suitably qualified, competent and experienced persons are working at the nursing home in such numbers as are appropriate for the health and welfare of patients.</p> <p>Reference to this is made in than a review of the skill mix of trained staff and senior care assistant staff must be undertaken so it accounts for the patient / resident dependencies, over a 24 hour period taking account of the size and layout of the home.</p>	One	<p>Patients/residents dependencies and the skill mix of trained staff and senior care assistants, staff are currently under review by the Home Manager. Staff are undergoing supervision and Competency Assessments.</p>	18 April 2015
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3.	19 (1) (a) Schedule 3 (3) (k)	<p>The registered person shall –</p> <p>(a) Maintain in respect of each patient a record which includes the information, documents and other records specified in Schedule 3 relating to the patient;</p> <p>(k) A contemporaneous not of all nursing provided to the patient, including a record of his condition and any treatment or invention.</p> <p>Reference to this is made in that the use of terms such as “unsettled”, “aggressive” must be refrained from, and such behaviour recorded in sufficient detail with a recorded statement of care / treatment given and effect of same.</p>	One	<p>A meeting was held on 20/2/2015 with trained staff and senior care assistants. Records and Recordkeeping was discussed with reference to terminology used and level of detail required when completing daily evaluations.</p>	18 February 2015
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<b>Recommendations</b>					
These recommendations are based on The Nursing Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
<b>No.</b>	<b>Minimum Standard Reference</b>	<b>Recommendations</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1.	25.11	<p>Working practices are systematically audited to ensure they are consistent with the home's policies and procedures, and action is taken when necessary.</p> <p>Reference to this is made in that:</p> <ul style="list-style-type: none"> <li>• The registered manager should sign all accident / incident reports on a regular and up to date basis as reviewed / inspected.</li> <li>• Confirmation should be recorded on whether the patient / resident's aligned care manager was notified of the event.</li> </ul>	One	The Nurse Manager will now sign the accident report when monthly audit is carried out. It has been reinforced at the meeting with trained staff and senior care staff that they must fully complete the accident record, this includes confirming that Care Manager has been notified of accident.	18 February 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Clare Burke
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	David Morgan

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	John McAuley	26/02/15
Further information requested from provider			