



Unannounced Care Inspection Report 20 June 2019



Glendun Nursing Home

Type of Service: Nursing Home

Address: 67 Knocknacarry Road, Cushendun, BT44 0NS

Tel No: 028 2176 1222

Inspectors: Gillian Dowds and Rachel Lloyd

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 registered nursing home which provides care for up to 30 patients.

3.0 Service details

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

4.0 Inspection summary

An unannounced inspection took place on 20 June 2019 from 09.45 to 17.00 hours.

This inspection was undertaken by the care and pharmacy inspectors.

The inspection assessed progress with areas for improvement identified in the home since the last care and medicines management inspections and sought 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 the provision and training of staff, staffs' attentiveness to patients and patient safety, staffs' interactions with patients and activity provision within the home. The delivery of care took into account personal choice and independence for patients. Staff were well informed of the needs of the patients and worked well as a team to deliver the care patients required.

Areas requiring improvement were identified in relation to infection prevention and control (IPC), inappropriate storage of equipment in the identified bathroom, bedrail consent /discussion forms, post falls protocols, dining experience, clear identification of staff on duty rota and auditing processes in the home.

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

Comments received from patients, people who visit them and staff during and after 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
Total number of areas for improvement	1	6

Details of the Quality Improvement Plan (QIP) were discussed with David Morgan, Responsible Individual, 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 30 January 2019

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 30 January 2019. Other than those actions detailed in the QIP no further actions were required to be taken.

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 including pharmacy, 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

Questionnaires and 'Have We Missed You' cards were provided to give patients and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. A poster indicating that an inspection was taking place was displayed at the entrance to the home.

The following records were examined during the inspection:

- duty rota for all staff from date to date 10 to 16 June 2019
- 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
- two staff recruitment and induction files

- three patient care records
- a sample of governance audits/records
- complaints record
- compliments received
- a sample of monthly monitoring reports from September 2018
- RQIA registration certificate.

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met, partially 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 outstanding areas for improvement from previous inspection(s)

Areas of improvement identified at the previous care inspection have been reviewed. The two areas for improvement were both met.

Areas of improvement identified at previous medicines management inspection have been reviewed. The five areas for improvement were all met.

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 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 10 June to 16 June 2019 evidenced that the planned staffing levels for care delivery were adhered to. The duty rota should also clearly identify each staff member's designation. This is in particular to the night staff rota referred to in section 6.6. 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.

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. One bathroom on the first floor, was noted to have equipment stored in it, this was discussed with the registered provider who agreed to address this.

The flooring in two shower rooms were observed. One needed repaired and both floors reviewed needed deep cleaning. This was also discussed with the registered provider.

Observation of practice evidenced deficits in infection prevention and control (IPC) practices; these related to hand hygiene, use of personal protective equipment (PPE), cleaning of patient equipment and management of single use items and replacement of worn furnishings. This was discussed with the registered provider and an area for improvement under the regulations was made.

Thickening agents were found to be stored in patients' bedrooms for use. This was discussed with the nurse in charge and these were removed. The manager confirmed post inspection that this practice had ceased and that the thickening agent was now stored safely in a different area. This will be reviewed at the next 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 AccessNI 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. One file had an enclosed a physical and mental health assessment but this had not been completed. This was discussed with the registered provider who agreed to ensure these were completed.

A review of the accidents and incidents in the home indicated good documentation of same but appeared not to follow best practice guidance for unwitnessed falls or where there was an identified or suspected head injury. This is in respect to the ongoing completion of neurological observations. Please refer to section 6.4 for further information.

Staff confirmed that they received regular mandatory training and were aware of their roles and responsibilities in respect to adult safeguarding. They could discuss what and who to report to. The nurse in charge discussed her new role as trainer for the home and how the training provided will now be face to face training and moving away from the e-learning system.

Supervision and appraisal schedules were not available on the day of inspection but this will be reviewed on next inspection.

Management of medicines

Satisfactory systems for the following areas of the management of medicines were observed: staff training and competency assessment, medicine records, the ordering and receipt of medicines, the administration of the majority of medicines, the management of controlled drugs, warfarin and antibiotics.

Separate records were in use for antibiotics and topical preparations. These were well maintained, however staff were reminded to discontinue topical preparations when no longer in use and to ensure those prescribed for use ‘when required’ are recorded as such. The registered nurse agreed to remind registered nurses to mark each sachet of lidocaine patches with the date of opening to facilitate audit.

Some patients were prescribed a medicine for administration ‘when required’ for the management of distressed reactions. Staff were aware of how to recognise signs, symptoms and triggers which may cause a change in behaviour and were aware that it may be due to pain or infection.

The sample of records examined indicated that medicines which were prescribed to manage pain had been administered as prescribed. Staff were aware that ongoing monitoring was necessary to ensure that pain was well controlled and the patient was comfortable. Care plans were in place and a pain assessment tool was in use where appropriate.

Medicines were mostly stored safely and securely and in accordance with the manufacturer’s instructions. A small number of expired and unlabelled topical preparations no longer in use were removed for disposal. Staff were reminded to use the chain available to secure oxygen cylinders in the treatment room and to replace and cover the attached mask.

Areas of good practice

Evidence of good practice was found in relation to the management of medicines, governance arrangements, record keeping, medicine storage, controlled drugs, staffing, induction, training and adult safeguarding.

Areas for improvement

Areas for improvement were identified in relation to infection prevention and control and appropriate storage of equipment in the bathroom.

	Regulations	Standards
Total number of areas for improvement	1	1

6.4 Is care effective?

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

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.

Patients and patients’ visitors spoken with confirmed that they were happy with the care provided and staffing levels in the home. They said they found the staff friendly and knew who or how to raise a concern if they had one.

One visitor discussed the close links to the community and visits to the home from local school children.

We reviewed four patients’ care records and these evidenced that care plans were in place to direct the care required and reflected the assessed needs of the patients. Care records reviewed also evidenced regular evaluation of the care provided in order to assess the effectiveness of this and to determine if reassessment of planned care was required.

We reviewed the management of nutrition, falls, wounds, and the use of potentially restrictive practices such as bedrails. Care records contained details of the specific care requirements in the areas reviewed and a daily record was maintained to evidence the delivery of care. Care records reflected that, where necessary, referrals were made to other healthcare professionals and care plans had been reviewed in accordance with any recommendations they made.

Care records were reviewed in relation to restrictive practice and we noted that bedrails were not included in care plans and consent/discussion on the use of bedrails was not evidenced. This was discussed with the nurse in charge during the inspection and with the registered manager post inspection who agreed to address this and an area for improvement was identified.

We reviewed the management of falls in the home; the care records reviewed evidenced that validated risk assessments and care plans were in place to direct the care required. Post falls management was not in accordance with best practice guidance in respect to the ongoing recording of neurological and clinical observations. An area for improvement was identified.

We reviewed the management of wounds for two patients and noted that wound assessment charts, care plans and body maps were completed. There was evidence of referral to other healthcare professionals and their recommendations were included in the care plans. Daily records and wound charts were up to date and recording on wound charts indicated when the dressing was next due.

Areas for improvement

Areas for improvement were identified in relation to appropriate care planning for those patients requiring the use of bedrails and consent/discussion for same.

	Regulations	Standards
Total number of areas for improvement	0	2

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.

During the inspection we spoke with six patients individually and with others in small groups, and three patients’ visitors to discuss their experience of the home. Patients who were unable to communicate their opinions appeared to be relaxed and well cared for. Comments from patients were positive and complimentary about life in the home, these included: “Plenty going on, I wouldn’t stay if I didn’t like it.”

“Staff are great.” “If I didn’t like it I wouldn’t have come back.”

Patients’ visitors spoken with were satisfied that care delivery was effective and met the needs of their relative, comments included:

“Love it.”

“First class.”

“Plenty going on for them.”

Staff spoke positively about working in the nursing home and confirmed they felt they worked well as a team and felt supported in their role. One member of staff felt that they could do with more staff but staff also confirmed that staffing levels had recently been reviewed by management and increased.

Comments were passed such as,

“Love it here.”

“Staffing is ok as long as no one phones in sick.”

“We don’t do too bad.”

Observation of the daily routine evidenced that staff delivered planned care at the right time; patients were not rushed and were offered choice. Patients were well presented, their clothes had obviously been chosen with care.

Discussion with patients and patients’ visitors about the activities on offer evidenced that these were suitable and enjoyable. Patients felt there was plenty going on such as music events, bingo games and there also is engagement with the local primary school visiting the home. Patients’ visitors spoken with commented positively on the range of activities and also that there were “plenty of activities.”

We observed the lunch time experience in the dining room which appeared crowded; there were no condiments for patient choice on the tables although a staff member did offer sauce to patients. Staff were available to assist patients with their meals but it was noted that only once staff member had donned appropriate PPE and that some of the food left the dining room uncovered and not on a tray. An area for improvement was made in relation to the dining experience.

One staff member was also observed entering the dining room wearing an apron after coming from another area of the home. This was removed in the dining area and staff member was not seen to attempt hand hygiene before carrying on to next task. This would not be in accordance with best practice in infection prevention and control, an area for improvement was identified in relation to infection control. Please refer to section 6.3.

Patients comments about the meals available were mostly positive and they described the food as:

“Good.”

“Plenty of it.”

Areas of good practice

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

Areas for improvement

An area for improvement was identified in relation to the dining experience for patients.

	Regulations	Standards
Total number of areas for improvement	0	1

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.

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 it was registered.

The manager was not on duty at the time of the inspection and feedback was provided by telephone post inspection.

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. However, the duty rota did not clearly identify the full name and designation of all staff with particular reference to the night duty rota and clear definition of those staff working in the nursing home. An area for improvement was identified.

Discussion with staff, patients and visitors confirmed that the registered manager's working pattern allowed for plenty of opportunities to meet with her if necessary and that she was approachable and accessible.

A selection of governance audits evidenced that systems were in place to monitor the quality of nursing care and other services provided in the home. Audits were completed to review, for example, accidents/incidents, IPC measures, falls, complaints and care plans. However, it was noted that where corrective actions or improvements were identified, this was not always clearly recorded. The registered manager should review the audit process and ensure that action plans and comments are included as needed.

We reviewed the system in place for managing complaints and there was a system in place. Patients and patients' visitors spoken with knew who to speak to if they had a concern or a complaint and were confident this would be dealt with.

We reviewed a sample of reports of monthly monitoring visits carried out by the registered provider. These included evidence of consultation with patients, staff and visitors, a service improvement plan and an action plan which indicated who would undertake the task and a completion date for this.

Observation of staff interactions with patients' evidenced effective and sensitive communication was maintained. Staff also demonstrated that effective communication was maintained within their teams. Patients' visitors spoken with confirmed they were kept very well informed and were consulted with about their relative's care needs.

Review of records confirmed the home provided mandatory training to ensure staff were adequately trained for their roles and responsibilities. A mandatory training schedule was maintained and staff are reminded when training was due. Discussion with staff confirmed they were satisfied their mandatory training needs were met and that they had sufficient time to access training.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the registered manager's accessibility and approachability, monthly monitoring visits and consultation with patients and patients' visitors.

Areas for improvement

Areas for improvement were identified in relation to quality assurance audits and the clear identification of staff on the duty rota.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with David 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 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediately</p>	<p>The registered person shall ensure that the infection prevention and control issues identified during this inspection are addressed.</p> <p>Ref: 6.3; 6.4; 6.5</p>
	<p>Response by registered person detailing the actions taken: IPC issues are being dealt with through discussion with staff and staff supervision which will include hand hygiene, appropriate use of PPE and decontamination of equipment. Flooring in shower room has been replaced. Deep clean of other shower rooms has taken place and is now included in cleaning schedule.</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>Area for improvement 1</p> <p>Ref: Standard 41</p> <p>Stated: First time</p> <p>To be completed by Immediately</p>	<p>The registered person shall ensure items are appropriately stored in all storage areas in keeping with IPC best practice standards.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Notice now in place to remind staff of appropriate storage of equipment</p>

<p>Area for improvement 2</p> <p>Ref: Standard 5</p> <p>Stated: First time</p> <p>To be completed by: 30 August 2019</p>	<p>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.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Relevant care plan and documentation in place</p>

<p>Area for improvement 3</p> <p>Ref: Standard 22</p> <p>Stated: First time</p> <p>To be completed by: Immediately</p>	<p>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</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Following a meeting with the Falls Awareness REACH Nurse, post falls management has been discussed with nurses in regard to neurological observations.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p> <p>To be completed by: Immediately</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>Response by registered person detailing the actions taken: Dining room experience promoted through discussion with cook.the wearing of PPE is being addressed as per 6.3</p>
<p>Area for improvement 5</p> <p>Ref: Standard46</p> <p>Stated: First time</p> <p>To be completed by: Immediately</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>Response by registered person detailing the actions taken: Rota has been re formatted to clearly identify full name and designation of all staff</p>
<p>Area for improvement 6</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: Immediately</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"> • Governance audits in respect of care planning, Infection prevention and control and accident incidents should identify shortfalls and improvement embedded into practice. <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Action plan and comments are included as required and timescale for review to be signed by manager.</p>

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



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