

Unannounced Care Inspection Report 30 May 2017



Glendun

Type of service: Nursing Home

Address: 67 Knocknacarry Road, Cushendun, BT44 0NS

Tel no: 028 2176 1222

Inspector: Lyn Buckley

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Glendun took place on 30 May 2017 from 09:45 to 16:30 hours.

The inspection sought to assess progress with any issues raised 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.

Is care safe?

The systems to ensure that care was safely delivered were reviewed. We examined staffing levels and the duty rosters, recruitment practices, staff registration status with their professional bodies, staff training and development and the environment. Observation of the delivery of care evidenced that patients' needs were met by the levels and skill mix of staff on duty.

The registered manager and staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. We were assured that there were arrangements in place to embed the new regional safeguarding policy and operational procedure into practice.

A requirement was made regarding fire safety and a recommendation was made in relation to infection prevention and control practices.

Is care effective?

We reviewed the management of pressure area care, nutrition and falls. Care records contained details of the specific care requirements in each of the areas reviewed and a contemporaneous record was maintained to evidence the delivery of care. Care records also reflected that, where appropriate, referrals were made to healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT), dieticians, care managers and General Practitioners (GPs).

Staff demonstrated an awareness of the importance of contemporaneous record keeping and of patient confidentiality. However, a recommendation was made in relation to ensuring care records are recorded contemporaneously.

Is care compassionate?

We arrived in the home at 09:45 hours and were greeted by staff who were helpful and attentive. Patients were either finishing breakfast or enjoying a morning cup of tea/coffee in the sitting areas/lounge 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 depending of which they preferred and staff were observed assisting patient to drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect.

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. Discussion with patients confirmed that living in Glendun was a positive experience.

A recommendation was made in relation to the management of patient information.

Is the service well led?

The certificate of registration issued by RQIA was clearly displayed in the foyer of the home.

Review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. A recommendation was made regarding the registered manager’s hours.

Unannounced quality monitoring visits were completed on a monthly basis by an external person on behalf of the provider. Copies of the quality monitoring visits were available in the home.

Discussion with staff evidenced that there was a clear organisational structure within the home. In discussion, patients and representatives/relatives were aware of the roles of the staff in the home and to whom they should speak to if they had a concern.

The term ‘patient’ is used to describe those living in Glendun which provides both nursing and residential care.

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.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	4

Details of the Quality Improvement Plan (QIP) within this report were discussed with Clare Burke, Registered Manager, and 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.

1.2 Actions/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 22 November 2016. Other than those actions detailed in the QIP there were no further actions required to be taken. Enforcement action did not result from the findings of this inspection.

RQIA have also reviewed any evidence available in respect of serious adverse incidents (SAI's), potential adult safeguarding issues, whistle blowing and any other communication received since the previous care inspection.

2.0 Service details

Registered organisation/registered person: Glendun Nursing Home Ltd Mr David Leo Morgan	Registered manager: Mrs Clare Burke
Person in charge of the home at the time of inspection: Mrs Clare Burke	Date manager registered: 4 June 2015
Categories of care: RC-LD, NH-I, NH-PH, RC-I, RC-MP(E), RC-PH(E), RC-DE	Number of registered places: 46

3.0 Methods/processes

Prior to inspection we analysed the following information:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection
- the returned quality improvement plan (QIP) from the previous care inspection
- the previous care inspection report

During the inspection we met with 14 patients individually and with others in small groups; two registered nurses, five care staff, one domestic staff, and one visitor. Questionnaires were also left in the home to obtain feedback from patients, relatives and staff not on duty during the inspection. Eight patient and 10 questionnaires for staff and relatives were left.

The following information was examined during the inspection:

- duty rota for all staff for April and May 2017
- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records
- incident and accident records
- one staff recruitment and induction file
- five patient care records including food and fluid intake charts and reposition charts
- consultation with patients, relatives and staff
- staff supervision and appraisal planners
- a selection of governance audits
- patient register
- complaints record
- compliments received
- RQIA registration certificate
- certificate of public liability insurance
- monthly quality monitoring reports undertaken in accordance with regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 22 November 2016.

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector.

There were no issues required to be followed up during this inspection and any action taken by the registered provider/s, as recorded in the QIP will be validated at the next medicines management inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 19 May 2016

There were no requirements of recommendations made as a result of the last care inspection.

4.3 Is care safe?

The registered manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the patients were met. A review of the staffing rota for April and May 2017 evidenced that the planned staffing levels were adhered to. Rotas also confirmed that catering and housekeeping were on duty daily. 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.

The registered manager and responsible individual discussed staffing and recruitment in detail with us. RQIA acknowledged the regional difficulties associated with staff recruitment and in particular the recruitment of registered nurses; and the geographical difficulties associated with 'covering' shifts with agency staff. However, we were assured that staffing levels, as discussed and observed, met the needs of the patients in the nursing home; and that staffing and recruitment was a priority for the management team and registered provider.

Staff spoken with were satisfied that there was sufficient staff on duty to meet the needs of the patients. Staff confirmed they were aware of the ongoing recruitment process. We also sought staff opinion on staffing via questionnaires; two were returned following the inspection. One respondents answered 'yes' to the question, "Are there sufficient staff to meet the needs of the patients?" One respondent recorded that "there was insufficient staff most days due to sickness."

Patients spoken with during the inspection commented very positively regarding the staff, the care delivered and that they were satisfied that when they required assistance staff attended to them in timely manner. We also sought the patients' opinions on staffing via questionnaires; two were returned indicating that there was sufficient staff to need their needs.

One visitor spoken with confirmed that they had no concerns and felt assured that their friend's needs were being met. We sought other relatives' opinion on staffing via questionnaires; one

completed questionnaire was returned. The respondent indicated that staff had enough time to care for their relatives.

Staff recruitment information was available for inspection and records were maintained in accordance with regulation 21, schedule 2 of The Nursing Homes Regulations (Northern Ireland) 2005. Records evidenced that enhanced Access NI checks were sought, received and reviewed prior to staff commencing work and records were maintained; and that newly appointed staff completed a structured orientation and induction programme at the commencement of their employment.

A review of records confirmed that the manager had a process in place to monitor the registration status of registered nurses with the NMC and care staff registration with the NISCC.

We discussed the provision of mandatory training with staff and reviewed staff training records for 2017. Mandatory training compliance was monitored by the registered manager and also reviewed by the person undertaking the monthly quality monitoring visit on behalf of the registered provider. Additional training was available to staff to ensure they were able to meet the assessed needs of patients.

Observation of the delivery of care evidenced that training, such as moving and handling training, had been embedded into practice. Staff spoken with were knowledgeable regarding their roles and responsibilities in relation to adult safeguarding and their duty to report concerns. Discussion with the registered manager, confirmed that there were arrangements in place to embed the new regional safeguarding policy and operational procedures into practice. A safeguarding champion had been identified and training was arranged.

Review of three patients' care records evidenced that a range of validated risk assessments were completed as part of the admission process and that these assessment were reviewed regularly and informed the care planning process.

Review of accidents/incidents records from 1 April 2017 and notifications forwarded to RQIA confirmed that these were appropriately managed.

A review of the home's environment was undertaken and included a number of bedrooms, bathrooms, sluice rooms, lounges, the dining room and storage areas. The home was found to be tidy, warm, well decorated, fresh smelling and clean throughout. Housekeeping staff were commended for their efforts.

Fire exits and corridors were observed to be clear of clutter and obstruction. However, a number of bedrooms doors were observed to be either wedged or propped open. Details were provided to the registered manager and responsible individual and in particular concerns regarding one bedroom door observed to have had a 'hook' installed to hold it permanently open were discussed. A requirement was made.

Observations confirmed that Infection prevention and control measures were generally adhered to and personal protective equipment (PPE) such as gloves and aprons were available throughout the home. The registered manager agreed to undertake a review of infection prevention and control practices to ensure patient equipment could be effectively cleaned and that equipment was stored appropriately. For example, the repair or replacement of fall out mats that are ripped or torn and storage of equipment/supplies where there is a toilet. A recommendation was made.

Areas for improvement

A requirement was made 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.

A recommendation was made to ensure compliance with best practice in infection prevention and control.

Number of requirements	1	Number of recommendations	1
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4.4 Is care effective?

Review of three patient care records evidenced that care plans were in place to direct the care required. Nursing staff spoken with were aware of professional requirements to review and update care plans as the needs of patient changed. Nursing staff also demonstrated awareness of the need to review and update care plans when recommendations were made by other healthcare professionals such as, the speech and language therapist (SALT) or the tissue viability nurse (TVN) were changed.

We reviewed the management of pressure area care, nutrition and falls. Care records contained details of the specific care requirements in each of the areas reviewed and a contemporaneous record was maintained to evidence the delivery of care. Care records also reflected that, where appropriate, referrals were made to healthcare professionals such as tissue viability nurse specialist (TVN), speech and language therapist (SALT), dieticians, care managers and General Practitioners (GPs).

Care plans had been reviewed on at least a monthly basis which is good practice. A review of patients' repositioning charts evidenced 'gaps' in recording the care delivered. Observations, discussion with patients and with staff confirmed the delivery of the care but it was disappointing that the record keeping was not contemporaneous. A recommendation was made.

Discussion with staff evidenced that nursing and care staff were required to attend a handover meeting at the beginning of each shift. Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each patient's condition and any changes noted.

Staff spoken with confirmed that staff meetings were held and records were maintained of the staff who attended, the issues discussed and actions agreed.

Staff stated that there was effective teamwork; each staff member knew their role, function and responsibilities. Staff also confirmed that if they had any concerns, they could raise these with the registered manager or the responsible individual.

All grades of staff consulted clearly demonstrated the ability to communicate effectively with their colleagues and other healthcare professionals.

A record of patients including their name, address, date of birth, marital status, religion, date of admission and discharge (where applicable) to the home, next of kin and contact details and the name of the health and social care trust personnel responsible for arranging each patients admission was held in a register. This register provided an overview of the patients residing in the home on the day of the inspection.

Patients spoken with expressed their confidence in raising concerns with the home's staff/management. Patients were very aware of who staff were and knew the registered manager and responsible individual; referring to them by their first names.

Areas for improvement

A recommendation was made in relation to ensure care records, such as reposition charts are contemporaneous.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

We arrived in the home at 09:45 hours. Patients were either finishing breakfast or enjoying a morning cup of tea/coffee in the sitting areas/lounge 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 depending of which they preferred and staff were observed assisting patient to drink as required.

Staff demonstrated a detailed knowledge of patients' wishes, preferences and assessed needs and how to provide comfort if required. Staff interactions with patients were observed to be compassionate, caring and timely. Patients were afforded choice, privacy, dignity and respect. Nurse call bells were responded to promptly.

Staff were aware of the need to protect patient information and confidentiality and they were aware of issues relating to consent. However, patient records, such as repositioning charts and topical medication records, were observed in bedrooms and in corridors. Anyone entering bedrooms or walking along corridors could have access to this information. A recommendation was made.

Patients spoken with indicated that they enjoyed living in Glendun. 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.

Discussion with the registered manager and review of records confirmed that there were systems in place to obtain the views of patients and their representatives on the running of the home and the outcomes from this consultation informed the home's annual report and the monthly quality monitoring visits.

Ten relative questionnaires were issued; one was returned within the timescale and the relative indicated that they were very satisfied with the care provided across the four domains. There were no additional comments recorded.

Ten questionnaires were issued to staff; two were returned within the timescale. One staff member was very satisfied across all four domains. The second staff member express view regarding the management of staffing levels but indicated that care was compassionate.

Eight questionnaires were issued to patients; two were returned within the timescales. One respondent indicated they were very satisfied with care across all four domains and the second patient did not complete the questionnaire in full but recorded that they were satisfied that care was safe and effective. There were no additional comments recorded.

Review of thank you cards and letters received by the home evidenced the following comments: From a relative, "Thank you all so much for all your attentive care; we really appreciated everything you did."

From a member of staff, "Thank you all for making my experience...here such a positive and enjoyable one..."

Areas for improvement

A recommendation was made that patient information and records should be maintained in a confidential manner to ensure the privacy and dignity of patients is upheld.

Number of requirements	0	Number of recommendations	1
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4.6 Is the service well led?

The certificate of registration issued by RQIA and the home's certificate of public liability insurance were appropriately displayed in the foyer of the home.

Discussion with staff, a review of care records and observations confirmed that the home was operating within the categories of care registered.

A review of the duty rota evidenced that the registered manager's hours, and the capacity in which these were worked, were clearly recorded. Discussion with patients and staff evidenced that the registered manager's working patterns provided good opportunity to allow them to have contact as required.

Staff duty rotas for April and May 2017 evidenced that a significant number of the registered manager's hours were worked as the nurse in charge of the shift. How this was managed was discussed in detail with the registered manager and the responsible individual. RQIA were assured that the plan was to reduce the need for the registered manager to cover nursing shifts and the recruitment of nursing staff was an ongoing process. Refer to section 4.3.

Systems were in place to review all areas of service provision. However, due to the registered manager's hours being work as the nurse in charge of the shift the quality of the recording and organisation of the systems was not as robust as evidenced during the previous care inspections. This was acknowledged by the registered manager and details relating to the concerns were discussed. A recommendation was made.

Review of records for March and April 2017 evidenced that quality monitoring visits were completed on a monthly basis. Recommendations were made within the report to address any areas for improvement.

A review of notifications of incidents submitted to RQIA since the last care inspection confirmed that these were managed appropriately.

Discussions with staff confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised. Discussion with staff evidenced that there was a clear organisational structure within the home. In discussion patients were aware of the roles of the staff in the home and to whom they should speak to if they had a concern.

During discussion, it was revealed that plans had been made to make an office space for the registered manager at the rear of the dining room. Work had not yet been commenced. Advice was provided that RQIA would require an application to vary the use of the home to allow us to consider the impact of this proposed change in advance of it being completed. Post inspection RQIA's senior estates inspector contacted the responsible individual, provided further advice and a variation application was submitted for our consideration.

Areas for improvement

A recommendation was made that the registered manager's hours are kept under reviewed to enable her to have time to undertake her managerial responsibilities.

Number of requirements	0	Number of recommendations	1
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Clare Burke, Registered Manager, and 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 failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The Care Standards for Nursing Homes 2015. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to web portal for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements

Requirement 1

Ref: Regulation 27 (4)

Stated: First time

To be completed by:
Immediate action
required

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.

Ref: Section 4.3

Response by registered provider detailing the actions taken:

Following consultation with our Fire Safety officer, a DORGUARD Device has been fitted to the bedroom door mentioned in report. This allows the door to be safely 'held open' to facilitate patient access.

Recommendations

Recommendation 1

Ref: Standard 46.2

Stated: First time

To be completed by:
30 June 2017

The registered provider should ensure that best practice in relation to infection prevention and control is adhered to at all times.

Ref: Section 4.3

Response by registered provider detailing the actions taken:

In order to ensure best practice in relation to infection prevention and control, ALL staff will attend update training. The Nurse Manager/Department heads will increase the frequency of infection control audits.

Recommendation 2

Ref: Standard 4.9

Stated: First time

To be completed by:
30 June 2017

The registered provider should ensure that patient care records, such as repositioning charts, are recorded contemporaneously.

Ref: Section 4.4

Response by registered provider detailing the actions taken:

Contemporaneous record keeping has been discussed with all care staff at staff handovers/meetings and supervisions. All staff are currently undertaking training in relation to record keeping.

<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>Ref: Section 4.5</p>
<p>Recommendation 4</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2017</p>	<p>Response by registered provider detailing the actions taken: Maintenance and storage of records have been discussed with all staff and is included in current training programme. A member of staff is allocated at each shift to continually monitor completion and storage of records.</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>Ref: Section 4.6</p> <p>Response by registered provider detailing the actions taken: The registered manager's hours are being kept under review.</p>

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The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email info@rqia.org.uk

Web www.rqia.org.uk

 @RQIANews