



The Regulation and  
Quality Improvement  
Authority

## **Unannounced Secondary Care Inspection**

<b>Name of establishment:</b>	<b>Glenview</b>
<b>RQIA number:</b>	<b>1470</b>
<b>Date of inspection:</b>	<b>9 December 2014</b>
<b>Inspector's name:</b>	<b>Karen Scarlett and Linda Thompson</b>
<b>Inspection number:</b>	<b>20770</b>

**The Regulation And Quality Improvement Authority**  
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## 1.0 General information

<b>Name of establishment:</b>	Glenview
<b>Address:</b>	11 Bleary Road Portadown Craigavon BT63 5NE
<b>Telephone number:</b>	028 38350500
<b>Email address:</b>	<a href="mailto:manager@glenviewnursinghome.co.uk">manager@glenviewnursinghome.co.uk</a>
<b>Registered organisation/ registered provider:</b>	Mr Brendan Breen & Mrs Bernadette Breen
<b>Registered manager:</b>	Ms Joanne Eldon (Acting)
<b>Person/s in charge of the home at the time of inspection:</b>	Ms Joanne Eldon (Acting) Mr Cathal Breen (Director)
<b>Categories of care:</b>	NH-DE, NH-I, NH-PH, NH-PH(E)
<b>Number of registered places:</b>	40
<b>Number of patients accommodated on day of inspection:</b>	27 (1 admission due in afternoon)
<b>Scale of charges (per week):</b>	£581.00+ £10.00 per week third party top up.
<b>Date and type of previous inspection:</b>	30 September 2014, Unannounced Primary Inspection
<b>Date and time of inspection:</b>	9 December 2014 09.30 – 17.40
<b>Name of inspector:</b>	Karen Scarlett and Linda Thompson

## **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

The focus of this inspection was to assess the level of compliance achieved with the requirements and recommendations made at the previous inspection on the 30 September 2014 and at a subsequent serious concerns meeting held on 13 October 2014.

## **4.0 Method/process**

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

- discussion with company director
- discussion with the acting nurse manager
- discussion with staff
- discussion with patients individually and to others in groups
- review of a sample of policies and procedures
- review of a sample of staff training records
- review of staff nurse competency and capability assessments
- review of Regulation 29 monthly quality reports
- review of a sample of staff duty rotas
- review of a sample of care plans
- review of the complaints, accidents and incidents records

- observation during an inspection of the premises
- Review of any notifiable events submitted to RQIA since the previous inspection
- evaluation and feedback

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.

## 6.0 Profile of service

Glenview Nursing home is situated on the outskirts of Portadown and has been operating since June 1990.

The nursing home is owned and operated by Mr Brendan Breen and Mrs Bernadette Breen. The current nurse manager, Ms Joanne Eldon, commenced employment on 13 June 2014 as an acting temporary manager.

Accommodation for patients is provided over two floors and comprises twenty-nine single bedrooms, four double bedrooms and one triple bedroom. It should be noted that on the day of inspection, there were six designated bedrooms on the first floor which were not in use.

Communal lounges in the form of two day rooms, a sun lounge and a quiet room are available on the ground floor. A dining room is also available on the ground floor with a serving hatch and adjacent kitchen. Bath, shower and toilet facilities are accessible to communal and bedroom areas throughout the home. A small area is designated for hairdressing on the ground floor. A laundry is appropriately situated on the ground floor. Access to the first floor is via a passenger lift and stairs.

The gardens and grounds are accessible to patients and car parking is available within the grounds of the home.

The home is registered to provide care for a maximum of 40 persons under the following categories of care:

### Nursing care

I	old age not falling into any other category to a maximum of 31 patients
PH	physical disability other than sensory impairment under 65
PH (E)	physical disability other than sensory impairment over 65 years
DE	dementia care to a maximum of 8 patients over and under 65 years
MP (E)	mental disorder excluding learning disability or dementia over 65 years
Day care	1 patient (no day care was provided on the day of inspection)

## 7.0 Summary

This summary provides an overview of the services examined during an unannounced secondary care inspection to Glenview Nursing home. The inspection was undertaken by Karen Scarlett and Linda Thompson on 9 December 2014 from 09.30 to 17.40 hours.

The inspectors were welcomed into the home by Ms Joanne Eldon, acting manager and Mr Cathal Breen, director, who were available throughout the inspection and were both present for verbal feedback of the issues identified at the conclusion of the inspection.

The focus of the inspection was to assess the level of compliance achieved regarding the requirements and recommendations made at the previous inspection on 30 September 2014. This inspection had resulted in a serious concerns meeting being held at RQIA on 13 October 2014. At this meeting an action plan was presented and it was agreed that a follow up inspection to assess compliance would take place within six to eight weeks.

The inspectors met with patients and staff, 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.

As a result of the previous inspection conducted on 30 September 2014, 12 requirements and 19 recommendations were issued. These were reviewed during this inspection. The inspector evidenced that five requirements were compliant; one regarding staff training was substantially compliant and will not be restated; two were moving towards compliance and will each be stated for a second time and one was not examined and will be carried forward to the next inspection.

Three requirements regarding infection control, fitness of the premises and facilities and services were not compliant. A meeting was held in RQIA on 19 December 2014 and the issue of three potential Failure to Comply notices was considered in relation to these requirements. The notices were not served on this occasion. Refer to section 9.0 of the report for more details.

Of the 19 recommendations nine were found to be compliant; one regarding nutritional training was moving toward compliance and has been stated for a second time; one regarding Human Rights training was not compliant and has been stated for a third time; two regarding policies have been carried forward along with three which were not examined at this inspection and one was no longer applicable. Two recommendations concerning infection prevention control training and the recording of the infection status of patients have been subsumed into a requirement under Regulation 13 (7). Details can be viewed in the section immediately following this summary.

The inspectors can confirm that at the time of this inspection the delivery of care to patients was evidenced to be of a satisfactory standard and patients were observed to be treated with dignity and respect. The home's general environment and the management systems for infection prevention and control were found to be significantly below the standard expected for a nursing home.

Therefore, six requirements, one stated for a third time, four for a second time and one for the first time have been made and one requirement has been carried forward to the next inspection. Two recommendations, one stated for a third time and one for a second time have been made and five recommendations have been carried forward until the next inspection.

These requirements and recommendations are detailed throughout the report and in the quality improvement plan (QIP).

The inspector would like to thank the patients, director, acting manager, registered nurses and staff for their assistance and co-operation throughout the inspection process.

## **7.1 Post Inspection**

Following the inspection a meeting was held between the lead inspector and nursing team management in RQIA. It was agreed that a meeting with the providers should be held with the intention of issuing three Failure to Comply notices in regards to infection prevention and control, fitness of the premises and the facilities and services offered to patients. This meeting was held on 19 December 2014 at RQIA and was attended by Mr Cathal Breen, Ms Joanne Eldon and Ms Sharon Douglas, home administrator. In this meeting the home outlined a number of measures which had already been taken to improve the home environment and plans to address any outstanding issues. Details can be found in Section 9.1.4 of the report. Given these efforts RQIA decided not to issue the failure to comply notices but will conduct a further follow up inspection in approximately eight weeks to assess compliance. A written action plan is to be submitted by 5 January 2015 and the Regulation 29 monthly quality reports are to be submitted monthly until further notice.

Continued failure to comply with the Regulations will result in further enforcement action being taken.

**8.0 Follow-up on previous issues**

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	20(1)(c)(i)	<p>The acting manager must provide confirmation to RQIA that</p> <ul style="list-style-type: none"> <li>• all staff currently employed in the home have received mandatory safeguarding vulnerable adults training, as part of induction and or a refresher update.</li> <li>• confirmation is also required that all registered nurses have received training in the assessment, management and treatment of wounds, including the application of dressings and bandaging and have been deemed competent by the acting manager.</li> <li>• confirmation is also required that all care assistants employed to work in the home have received training and have been deemed competent in pressure care prevention.</li> </ul>	<p>Training on safeguarding of vulnerable adults is ongoing for all staff and an e-learning package is now available.</p> <p>A number of nursing staff have had wound care training and arrangements have been made to cascade this training to all nurses in the home.</p> <p>Care assistants had received training in pressure ulcer prevention and were supervised by nursing staff to ensure competence.</p> <p>This requirement has not been restated.</p>	Substantially compliant

2.	16(2)(b)(c)	<p>The registered persons must ensure that a written nursing plan is prepared by a nurse in consultation with the patient and or their representative and the plan is kept under review.</p> <ul style="list-style-type: none"> <li>Assessment and care records must evidence the decision making for the use of restrictive practices, including who was consulted and involved.</li> </ul>	<p>An examination of care records evidenced that a proforma was in place which evidenced the rationale for the use of restrictive practice and evidenced that consultation had taken place with patients and their representatives.</p> <p>This requirement has been addressed.</p>	Compliant
3.	6(a)(b)	<p>The registered person must ensure the statement of purpose is revised to incorporate information as recorded in Additional Information, section 11.9 of the main report and a copy of the revised statement of purpose is submitted to RQIA.</p>	<p>The statement of purpose has been revised accordingly and was submitted to RQIA as requested.</p> <p>This requirement has been addressed.</p>	Compliant
4.	27(2)(b)(c)(d)	<p>The registered person must ensure the current premises are kept in a good state of repair internally and externally at all times, and throughout the premises the following issues are effectively addressed, and advise of the action taken when returning the Quality Improvement Plan.</p> <ul style="list-style-type: none"> <li>effective action is taken to address wall and paint damage</li> <li>systems for cleaning fans</li> </ul>	<p>The premises were inspected thoroughly accompanied by the acting manager and the company director.</p> <p>Progress on the identified issues is assessed as follows:</p> <p>Walls had been repainted</p> <p>Some fans were still observed to be dusty</p>	Not compliant

		<p>are implemented</p> <ul style="list-style-type: none"> <li>• all pull cord leads are completely covered with wipeable covering</li> <li>• eradicate water damage in ceiling areas throughout the home</li> <li>• effectively clean or replace stained flooring in the home</li> <li>• ensure odour management issues are addressed</li> <li>• review and repair bedside lockers which are chipped</li> <li>• repair and or replace seating which is worn.</li> <li>• all parts of the nursing home are kept clean</li> </ul>	<p>The majority of pull cords were fully covered</p> <p>Water damage was noted on the ceiling of the kitchen staff toilet</p> <p>The majority of stained floors had been cleaned</p> <p>There were no malodours detected</p> <p>Bedside lockers remained chipped and damaged</p> <p>Seating remains worn and damaged</p> <p>The nursing home was not evidenced to be clean.</p> <p>A build-up of limescale was identified on a number of sinks and taps throughout the home.</p> <p>This requirement has been stated for a third time and at a meeting in RQIA on 19 December a notice of Failure to Comply was considered. The notice was not served on this occasion. Refer to sections 7.1 and 9.1.4 for more information.</p>	
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<p>5.</p>	<p>20(1)(a)(c)(i)(3)</p>	<p>The registered person shall ensure that</p> <ul style="list-style-type: none"> <li>• the acting manager has designated management hours to undertake management duties, and the designated hours are agreed with RQIA.</li> <li>• the domestic cleaning hours are increased to meet the needs of the home</li> <li>• the acting manager receives management and leadership training, including training on the recruitment and selection of staff.</li> <li>• staff are trained on the role, responsibility and function of the Health and Social Care Trust in dealing with abuse allegations, including allegations made about staff or volunteers, and their competency is assessed.</li> <li>• staff should receive training in dysphagia awareness</li> <li>• a competency and a capability assessment has been carried out on any nurse who is given the responsibility of being in charge of the home in the</li> </ul>	<p>An examination of the staff duty rota did not evidence that the acting manager has designated management hours. On the contrary, the acting manager was found to be working full time in direct patient care on the week of the inspection and on discussion was found to be working well in excess of her contracted hours. The duty rota should specify hours spent in management and hours spent working in direct patient care.</p> <p>The domestic/laundry hours have been increased in keeping with the needs of the home.</p> <p>The acting manager is enrolled on a leadership and management course commencing in January 2015 and confirmation of enrolment was received post inspection.</p> <p>A flow chart was prominently displayed in the nurses' station with the correct procedure for Safeguarding. The content of an e-learning programme was reviewed and the role of the Trust was explained. However the manager told the inspectors about a potential SOVA incident which was not reported appropriately to the Trust for screening. A requirement will be made under Regulation 14 (4) in this regard.</p> <p>The manager was sourcing dysphagia training and advice was given during the</p>	<p>Moving towards compliance</p>
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		<p>manager's absence.</p>	<p>inspection. This has not been restated.</p> <p>A competency and capability assessment for one newly appointed staff nurse was examined and was fully completed and signed by the staff member and manager.</p> <p>Given the shortfalls in compliance and management oversight the element concerning the management hours has been stated for a second time.</p>	
6.	29(2)(b)(3)(4) (5)(6)	<p>The designated director must ensure that at all times unannounced monthly visits are undertaken in accordance with legislation, and the monthly report incorporates the following information:</p> <ul style="list-style-type: none"> <li>• different patients are interviewed each month and unique identification provided to reflect the patients' who are interviewed.</li> <li>• unique identification is provided to reflect the patients' representatives interviewed</li> <li>• record opinion as to the standard of nursing provided in the home at the time of the visit</li> <li>• when interviewing staff the</li> </ul>	<p>The Regulation 29 report for November was partially completed by the director whilst one of the inspectors sat with him in his office. The inspectors were not assured that he had a full understanding of the purpose of these reports. The Regulation 29 monthly reports also require further development to demonstrate the issues identified and the action/s required to address these.</p> <p>The responsible director is to submit these reports monthly to RQIA.</p> <p>This has been stated for a second time.</p>	Moving towards compliance

		<p>report should incorporate actual quotes from staff to reflect their views of the care provided</p> <ul style="list-style-type: none"> <li>deficits must be identified and recorded, and an action plan developed to address identified deficits</li> <li>the action plan must be followed up to ensure deficits identified are addressed.</li> </ul>		
7.	17(1)(2)(3)	<p>The registered person must ensure that systems are maintained for reviewing the quality of nursing and other service provision in the home at least annually.</p> <p>A quality report of the findings should be completed and should incorporate but should not be limited to the following information:</p> <ul style="list-style-type: none"> <li>the number of questionnaires issued to relatives and quantify the responses returned.</li> <li>include the dates of staff and relatives meetings.</li> <li>include information on the training completed by staff as an assurance to patients and representatives that staff receive and attend</li> </ul>	Not examined at this inspection	Carried forward to next inspection

		<p>mandatory training.</p> <ul style="list-style-type: none"> <li>a copy of the annual quality report should be submitted to RQIA upon completion.</li> </ul>		
8.	30(1)(a-g)(2)	<p>The registered person must ensure that all notifications as identified in legislation are reported to RQIA without delay.</p> <p>Confirmation is required by 14 November 2014 that the three notifications identified during inspection have been notified to RQIA and the commissioning trust.</p>	<p>The incident and accident records were examined and this evidenced that notifications have been submitted to RQIA in accordance with regulation. The three outstanding notifications have been submitted to RQIA and the Trust.</p> <p>This requirement has been addressed.</p>	Compliant
9.	13 (7)	<p>The registered person must make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff by ensuring that robust infection controls and procedures are in place and are effectively sustained at all times.</p>	<p>The inspectors examined the premises and noted the following:</p> <ul style="list-style-type: none"> <li>a number of chairs were stained and could not be effectively cleaned</li> <li>the bed pan rack in the upstairs sluice had no drip tray</li> <li>commode pots were observed to be inappropriately stored inside one another in the bed pan rack of the upstairs sluice</li> <li>commodes stored in Bathroom 103 were visibly soiled</li> <li>a nebuliser mask in one bedroom was dirty</li> <li>the toilet in bathroom 104 was scratched and could not be effectively cleaned</li> </ul>	Not compliant

			<ul style="list-style-type: none"> <li>• raised toilet seats throughout the home were corroded and soiled</li> <li>• equipment, including but not limited to, gloves, aprons, yellow bags, jugs, urinals, hoists and slings, were inappropriately stored in bathrooms</li> <li>• cleaning equipment was not being used, decontaminated or stored in accordance with best practice guidelines for infection prevention and control.</li> <li>• Staff were not wearing personal protective equipment when handling soiled laundry</li> <li>• bed rail bumpers were soiled or damaged beyond use</li> <li>• dust was evident on windows, bedroom floors and extractor fans</li> <li>• there was communal use of patient toileting slings</li> <li>• lack of accessible cleaning products upstairs to decontaminate equipment</li> <li>• lack of documented control measures in relation to Legionella prevention in regards to unused toilets and sinks downstairs and in unoccupied upstairs bedrooms</li> <li>• lack of effective quality monitoring of infection control practices</li> <li>• no up to date training for staff on infection prevention and control evidenced</li> <li>• deficits in recording of the infection status of all patients on admission to</li> </ul>	
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			<p>the home and on readmission from hospital</p> <p>This requirement has been stated for a second time and at a meeting in RQIA on 19 December a notice of failure to comply was considered. The notice was not served on this occasion. Refer to sections 7.1 and 9.1.4 for more information.</p>	
10.	27(2)(t)	<p>The registered person must ensure that a risk assessment is completed for all areas of the home to identify risks. Evidence must be confirmed to RQIA by 14 November 2014 of the controls in place to manage the risks in all areas of the home to include ill-fitting mattresses a free standing electric heater.</p>	<p>This risk assessment was submitted to RQIA post inspection and appropriate controls had been put in place.</p> <p>This requirement has been addressed.</p>	Compliant

<p>11.</p>	<p>18 (2)(c)</p>	<p>The registered person must ensure that all rooms occupied by patients, have adequate floor covering, furniture and equipment which is suitable to meet the needs of the patients.</p>	<p>Furniture was observed in the majority of bedrooms which had not been well maintained and was in a poor state of repair. Examples include chipped furniture, vanity units with broken doors and chests of drawers which would not open properly and were missing handles.</p> <p>Bed frames and rails were noted to be scratched and could not be effectively cleaned.</p> <p>Seating in patients' bedrooms, corridors and in the lounges was found to be worn and in need of repair or replacement.</p> <p>A number of bed rail bumpers were found to be torn and in need of replacement.</p> <p>Worn and frayed towels were observed and were in need of urgent replacement.</p> <p>The majority of free standing commodes observed in bedrooms and in one bathroom, were found to have torn seat pads and/or torn padded back rests.</p> <p>All divan bed bases examined were found to be stained and torn and were not able to be effectively decontaminated. An urgent plan for replacement is required.</p> <p>This requirement has been stated for a second time and at a meeting in RQIA on 19</p>	<p>Not compliant</p>
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			December a notice of failure to comply was considered. The notice was not served on this occasion. Refer to sections 7.1 and 9.1.4 for more information.	
12.	The Health and Personal Social Services (Quality, Improvement and Regulation) Northern Ireland) Order 2003.	In accordance with Article 12 of The Health and Personal Social Services (Quality, Improvement and Regulation) Northern Ireland) Order 2003, a registered manager should be appointed.	An acting manager is in post and the provider is actively advertising to fill the position permanently.  This requirement has been addressed.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	12.4	<p>The registered persons should ensure that patients served their meals in either their bedroom or in the sunroom area have a daily menu produced in a format suitable for their assessed needs.</p> <ul style="list-style-type: none"> <li>• A current menu must be displayed at all times.</li> </ul>	<p>A daily menu was displayed appropriately in the dining room and sun room.</p> <p>This recommendation has been addressed.</p>	Compliant
2.	25.2	<p>The acting manager should consider compiling a weekly risk report as this would be useful in contributing to the registered providers' monthly report.</p>	<p>The acting manager is producing a risk report which is updated weekly and sent to RQIA on a monthly basis.</p> <p>This recommendation has been addressed.</p>	Compliant
3.	16.2 16.9	<p>The registered person should ensure that where employees are consistently working across two homes, copies of their induction and training records are available for inspection in both homes.</p>	<p>No employees are currently working across both homes.</p> <p>This recommendation has not been restated.</p>	Not applicable

4.	10.7	<p>The registered person should ensure that the home's restraint policy is revised and updated referencing and including the Implications of the following:</p> <ul style="list-style-type: none"> <li>• Human Rights Legislation</li> <li>• DHSSPS, Deprivation of Liberty Safeguards(DOLS)</li> <li>• The recording of Best Interest Decisions</li> </ul>	<p>This policy is still under development and should be submitted with the return of the QIP.</p> <p>This recommendation will be carried forward.</p>	Carried forward to next inspection
5.	28.4	<p>The registered person should ensure that nursing and care staff receive training on the Human Rights Articles and the expected human rights information to be included in care records.</p>	<p>Staff had not yet received training in human rights and this was not a component of their SOVA e-learning training.</p> <p>This recommendation has been stated for a third time.</p>	Not compliant

6.	5.3	<p>The registered person must ensure that</p> <ul style="list-style-type: none"> <li>• when changes occur to patients' skin, body mapping charts are reviewed and updated in a timely manner</li> <li>• pressure cushions when sitting out of bed must be consistently documented in care plans.</li> <li>• records must evidence that patients are assessed at every positional change and a record of the findings of the patients' skin condition is maintained.</li> </ul>	Not examined at this inspection	Carried forward to the next inspection
7.	11.6	The registered person must ensure there is evidence that information leaflets on skin care and prevention is available in a suitable format for patients and their representatives.	<p>Information leaflets on skin care and pressure ulcer prevention were available at a table in reception.</p> <p>This recommendation has been addressed.</p>	Compliant
8.	5.1	The registered person should ensure the admission policy is reviewed and updated to reflect the assessment undertaken by the acting manager.	<p>This policy is still under development and should be submitted with the return of the QIP.</p> <p>This recommendation has been carried forward to the next inspection.</p>	Carried forward to the next inspection

9.	5.2	The registered person should ensure infection control assessments are undertaken for all patients.	Given the concerns identified with infection prevention and control at this inspection, this recommendation has been subsumed into the requirement made under Regulation 13(7).	Subsumed into Requirement
10.	5.4	The registered person should ensure that the evaluation process includes the effectiveness of any prescribed treatments, for example prescribed analgesia.	The Abbey pain scale was in use and was regularly updated in the records reviewed.  This recommendation has been addressed.	Compliant
11.	5.6	The registered person should ensure that recorded entries consistently include the designation of the signatory in accordance with guidance provided by the Nursing and Midwifery Council (NMC).	In the records examined there was a staff sign in sheet which recorded staff name, designation and signature.  This recommendation is compliant.	Compliant
12.	12.12	The registered person should ensure that all staff receives nutritional training.	Some staff had received nutritional training including registered nurses and kitchen staff. This training is ongoing.  This recommendation has been stated for a second time.	Moving towards compliance
13.	12.3	The registered person should provide confirmation to RQIA that the menu review has been completed, and a copy of the revised menu is submitted to RQIA.	Copies of the revised menus were submitted to RQIA and found to be satisfactory.  This recommendation has been addressed.	Compliant

14.	12.1	The acting manager should review practices at meal times to ensure patients are not seated in the dining room for prolonged periods of time. Advise RQIA on the action taken.	Not examined at this inspection	Carried forward to the next inspection
15.	17.10	The registered person should ensure that patterns of complaints are referred to the host trust.	Not examined at this inspection	Carried forward to the next inspection
16.	25.15	The registered person must provide confirmation to RQIA that a valid Employer Liability has been obtained.	An up to date certificate was shown to the inspectors and the director agreed to update the display in the reception area.  This recommendation has been addressed.	Compliant
17.	28.3	The registered person should consider the use of a training matrix to record all mandatory training provided to staff during 2014/15	The acting manager had introduced a training matrix to record all training provided to staff.  This recommendation has been addressed.	Compliant
18.	5.7	The acting manager should ensure that individualised fluid intake targets are set for each patient and effective reconciliation is undertaken of the total fluid intake against the fluid target established.  An effective system should be in place to ensure that records are consistently completed at all times and there are no omissions.	Fluid intake targets had been set for all patients in consultation with the GP. Fluid balance charts were mainly well completed.  This recommendation has been addressed.	Compliant

19.	34.1	The registered person should ensure that all patients have their own individual moving and handling sling, and or suitable disposable slings in accordance with best practice for infection prevention and control.	Toileting slings were still being used communally. This recommendation has been subsumed into the requirement made under Regulation 13 (7).	Subsumed into Requirement
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**8.1 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 there is considered to be a breach of regulation as stated in the Nursing Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

There have been no notifications to RQIA regarding safeguarding of vulnerable adults (SOVA) incidents since the previous inspection.

On discussion with the acting manager one incident was identified which had not been appropriately referred to the Trust for screening in accordance with the regional adult protection policy. The incident occurred during the acting manager's annual leave. There were concerns that staff were unable to identify this incident as a potential safeguarding issue and did not report it. A requirement has been made in relation to ensuring staff competency in the management of SOVA incidents. An urgent referral was made to the SHSCT on the day of inspection.

## **9.0 Additional Areas Examined**

### **9.1 Environment**

A number of issues were identified during an inspection of the premises. These issues relate to poor infection control practices, the condition of furniture and equipment and the fitness of the premises. These were discussed with the acting manager and the director and a list of urgent actions was completed and signed by the lead inspector and the director. These must be addressed without delay to ensure the safety and welfare of the patients.

#### **9.1.1 Infection Prevention and Control**

A number of issues were identified in relation to infection prevention and control. It was observed that equipment was being stored inappropriately in a number of bathrooms. This equipment includes, but is not limited to, gloves, aprons, slings, hoists, jugs, urinals, toiletries, waste bags, damaged commodes and portable screens. This practice is not in accordance with best practice in infection prevention and control. In addition, the identified curtain screening should be removed from the bathroom area.

Dust was evident on shelves, extractor fans, carpets in bedrooms and the bathrooms.

Through observation and discussion with domestic and laundry staff it was noted that proper procedures for the use, decontamination and storage of cleaning equipment had not been followed. In the receiving (dirty) area of the laundry there was evident confusion regarding the colour coding of mop buckets and mop shafts. Whilst laundry staff were able to explain the colour coding which should be in place they informed the inspectors that one of the buckets and mops stored in the dirty area was used to mop up spills in the dining room. On discussion with domestic staff it was found that mop buckets were being left on the cleaning trolley overnight rather than decontaminated and inverted to dry. One staff member was not wearing the correct personal protective equipment to handle soiled linen. These practices are not in accordance with best practice in infection prevention and control and pose significant risk to patients.

There were a number of toilets and sinks in an unused downstairs bathroom and vacant rooms upstairs posing a potential legionella risk. Documented control measures were not provided on the date of inspection. However, at a meeting in RQIA on 19 December 2014, the director provided information confirming that relevant control measures were being undertaken on a regular basis to control legionella risk.

In response to a requirement made at the previous inspection, a downstairs sluice had undergone improvement with the addition of a hand washing sink and a drip tray under the bed pan rack. However, an upstairs sluice was noted to have commode pots stacked inside one another on a bed pan rack with no drip tray. Broken and unused equipment was present which should be discarded.

Toileting slings were being shared between patients, increasing the risks of cross contamination. This practice must be urgently reviewed with the use of disposable slings or slings for single patient use recommended.

A dirty nebuliser mask was noted in one patient's bedroom which had not been cleaned after use.

Commode frames in an upstairs bathroom were observed to be visibly soiled. Whilst there were cleaning products available to staff, these were stored on the ground floor and were not readily accessible to staff working upstairs. It is recommended that these products are made more accessible to staff to enable them to effectively decontaminate equipment. Such products will be required to be stored in a locked cupboard/room. It was also noted that diluted bleach was being used in aerosol canisters. This poses an increased risk to the health of staff and degrades the surface of plastic and porcelain. It was therefore recommended that an alternative disinfectant be sourced.

The majority of pull cords had been fully covered by wipeable plastic covers but two identified areas had been missed, including the visitors' toilet. The inspectors were assured that these would be done as soon as possible. Any other cords not specifically identified by the inspectors must also be covered appropriately.

Whilst cleaning schedules were in place the overall hygiene of the home was below an acceptable standard. Domestic hours had been increased but the training of domestic staff and quality assurance of their work requires further attention.

### **9.1.2 Fitness of the Premises**

A heavy build-up of limescale was noted around taps and sink units so that these could not be effectively cleaned. If these are unable to be effectively descaled, taps and units may require replacement.

Water damage was noted to the ceiling of the kitchen staff toilet and plaster was hanging loose. This must be repaired. The inspectors noted the inappropriate storage of paint and some consumable products in a downstairs plant room. Whilst the acting manager removed these at the time of the inspection the matter has been referred to the estates inspector for further consideration.

### **9.1.3 Fitness of the Furniture and Equipment**

The toilet in bathroom 104 was observed to be scratched and cannot be effectively cleaned. A rusted pedal bin was also found in this bathroom which requires replacement. A number of raised toilet seats were observed to be corroded and soiled.

Furniture was noted throughout the home which is in need of repair or replacement. This includes, but is not limited to worn seat pads on chairs, worn and torn recliners, worn, chipped and damaged furniture in patients' bedrooms including the surfaces of bed frames and rails which cannot be effectively cleaned. Whilst an upholstery contractor is reported to have been contacted to repair the seats there was no evidence that this work had commenced and no date arranged.

On inspection of one double bedroom a valance sheet on a vacant divan bed was noted to be heavily stained. On closer inspection the divan base was found to be heavily stained and torn. As a result of this, all the divan bed bases were examined and were found to be similarly torn and stained. These beds are unsuitable for new admissions to the home as they cannot be effectively decontaminated. This was discussed with the acting manager and the director and it was required that a rolling programme of replacement of beds should be undertaken.

Equipment in current patient use was found to be worn and torn including mattress protectors, bed rail bumpers and frayed towels which will require urgent replacement. A number of commodes were noted in patients' bedrooms with torn seat pads and backs which cannot be effectively decontaminated and present an infection control risk.

Emergency Oxygen cylinders were noted with no mask or tubing attached. The acting manager assured the inspectors that this would be rectified that day. This matter was referred to the Pharmacy inspector for their information and action as appropriate.

#### **9.1.4 Action taken post inspection**

In a telephone call with the director on 10 December 2014, the lead inspector informed him that RQIA were considering the issue of three Failure to Comply notices and required the providers to attend a meeting to discuss this on 19 December 2014. During this phone call the lead inspector was informed that two new profiling beds had been ordered along with three new raised toilet seats.

At the meeting on 19 December 2014 Mr Cathal Breen, director, Ms Joanne Eldon, acting manager, and Mrs Sharon Douglas, administrator, referred to a range of actions which have been taken to date or actions planned. More specifically, it was confirmed that:

- Cleaning products had been made available in a designated room upstairs
- New raised toilet seats had been purchased
- New profiling beds had been purchased and there are plans to replace scratched bed rails
- Plastic drawer units had been installed in bathrooms for storage
- A drip tray had been measured up and was to be installed in the upstairs sluice
- Bed rail bumpers had been cleaned, replaced and/or ordered
- New cleaning schedules had been drawn up
- Staff had commenced cleaning of equipment
- The acting manager and director were conducting and documenting environmental audits
- An upholsterer had been contracted to reupholster identified recliner chairs and to conduct an inspection of the remaining seating
- Torn seat pads on commodes had been discarded and any commodes with torn seat backs were to be replaced
- Industrial strength de-scaler had been ordered from the cleaning supplier to remove the limescale build up around the identified taps and sinks
- The ceiling in the staff toilet had been re-plastered and was due to be painted and other staff areas requiring upgrading had been identified for action.
- relevant control measures to reduce the risk of the spread of Legionella are being undertaken on a regular basis.

RQIA will continue to monitor the quality of service provided in Glenview and will carry out a follow up inspection in approximately eight weeks to monitor progress and level of compliance. If satisfactory progress has not been made the RQIA will consider further enforcement action.

## **9.2 Registration Certificate**

The registration certificate for the home still reflects the previous management arrangements. A checklist left for return at the inspection on 30 September 2014 had not been returned and has now been misplaced. A new checklist was sent out on the 15 December for completion to reflect the name of the current acting manager. This must be returned to RQIA as soon as possible.

## **10.0 Quality improvement plan**

The details of the quality improvement plan appended to this report were discussed with Mr Cathal Breen and Ms Joanne Eldon of Manager, 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:

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



## Quality Improvement Plan

### Secondary Unannounced Care Inspection

Glenview

9 December 2014

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 Ms Joanne Eldon, acting manager and Mr Cathal Breen, director, during 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.

<b>Statutory Requirements</b>					
<b>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</b>					
<b>No.</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
C/f	17(1)(2)(3)	<p>The registered person must ensure that systems are maintained for reviewing the quality of nursing and other service provision in the home at least annually.</p> <p>A quality report of the findings should be completed and should incorporate but should not be limited to the following information:</p> <ul style="list-style-type: none"> <li>• the number of questionnaires issued to relatives and quantify the responses returned.</li> <li>• include the dates of staff and relatives meetings.</li> <li>• include information on the training completed by staff as an assurance to patients and representatives that staff receive and attend mandatory training.</li> <li>• a copy of the annual quality report should be submitted to RQIA upon completion.</li> </ul> <p><b>Ref: section 8</b></p>	One	<p>Ongoing audits commenced by myself are showing the quality of our care and indeed the areas in which we need to improve upon. Questionnaires are to be sent out to relatives at six monthly intervals to relatives and audit of questionnaires will be completed on the receipt of same.</p> <p>Informal staff meetings are regular and ongoing as the ANM is in the home every day. Formal and structured meetings are at six monthly intervals or less should there be more important issues to discuss.</p>	From date of inspection

1.	27 (2) (b, c & d)	<p>The registered person must ensure the current premises are kept in a good state of repair internally and externally at all times, and throughout the premises the following issues are effectively addressed, and advise of the action taken when returning the Quality Improvement Plan.</p> <ul style="list-style-type: none"> <li>• Systems for cleaning fans are implemented</li> <li>• Eradicate water damage to ceiling areas throughout the home</li> <li>• Review and repair bedside lockers which are chipped</li> <li>• Repair or replace worn seating</li> <li>• All parts of the nursing home are kept clean</li> </ul> <p><b>Ref: section 8; 9.1.2</b></p>	Three	<p>Since this unannounced inspection we have had an estates inspection 07/01/15 and had no issues from the inspector. Weekly walk arounds are conducted by ANM and maintenance personnel and anything that requires attention is documented in maintenance book and followed up by ANM to ensure rectification. Water damage has been rectified, lockers and chairs have been sanded and sprayed or replaced. We now have a second new staff member in our domestic team who has had her induction and is now working well within our team. A member of staff who just this week has returned from maternity leave remarked to me that she had never seen the home look so clean. Several relatives have also commented on the changes within the levels of cleanliness of our home.</p>	From date of inspection
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2.	20 (1) (a)	<p>The registered person shall ensure that the acting manager has designated management hours to undertake management duties, and the designated hours are agreed with RQIA.</p> <p><b>Ref: section 8</b></p>	Two	<p>Following the receipt of NMC pin numbers for 2 new staff members, the ANM now has designated office hours.</p>	From date of inspection
3.	29(2)(b)(3)(4)(5)(6)	<p>The designated director must ensure that at all times unannounced monthly visits are undertaken in accordance with legislation, and the monthly report incorporates the following information:</p> <ul style="list-style-type: none"> <li>• different patients are interviewed each month and unique identification provided to reflect the patients' who are interviewed.</li> <li>• unique identification is provided to reflect the patients' representatives interviewed</li> <li>• record opinion as to the standard of nursing provided in the home at the time of the visit</li> <li>• when interviewing staff the report should incorporate actual quotes from staff to reflect their views of the care provided</li> <li>• deficits must be identified and recorded, and an action plan developed to address identified deficits</li> <li>• the action plan must be followed up to ensure deficits identified are</li> </ul>	Two	<p>The Director now undertakes his monthly visits and interviews staff, Residents, Relatives and records the opinions of all on the monthly reports.</p> <p>Any defecits are noted and an action plan identifying who is responsible and the time scale it is to be completed in.</p> <p>Action plan is then looked at before completing the next month's report to ensure that previously identified defecits have been addressed.</p> <p>Reports are now being submitted to the RQIA until furhter notice.</p>	From date of inspection

		<p>addressed.</p> <p>The reports must be submitted to RQIA each month until further notice.</p> <p><b>Ref: Previous care report</b></p>			
4.	13 (7)	<p>The registered person must make suitable arrangements to minimise the risk of infection and toxic conditions and the spread of infection between patients and staff by ensuring that robust infection controls and procedures are in place and are effectively sustained at all times.</p> <p><b>Ref: section 8; 9.1.1</b></p>	Two	<p>All staff have received Infection control training. Hand washing audits are being conducted weekly and percentages have increased to an acceptable level. The staff know their own responsibilities in using and disposing of PPE, of handwashing and the importance of these.</p>	From date of inspection
5.	18 (2) (c)	<p>The registered person must ensure that all rooms occupied by patients, have adequate floor covering, furniture and equipment which is suitable to meet the needs of the patients.</p> <p><b>Ref: section 8; 9.1.3</b></p>	Two	<p>All rooms occupied are of the required standard. When a room becomes empty, it is deep cleaned and any maintenance that is required is carried out before the room is occupied again.</p>	From date of inspection
6.	14 (4)	<p>The registered person shall make arrangements, by training staff or by other measures, to prevent patients being harmed or suffering abuse or being placed at risk of harm or abuse.</p> <p><b>Ref: section 8.1 of report</b></p>	One	<p>All staff have undertaken training in POVA, they know the necessary procedures for reporting suspected abuse. Staff are vigilant in this.</p>	From date of inspection

<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.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
C/f	10.7	<p>The registered person should ensure that the home's restraint policy is revised and updated referencing and including the implications of the following:</p> <ul style="list-style-type: none"> <li>• Human Rights Legislation</li> <li>• DHSSPS, Deprivation of Liberty Safeguards(DOLS)</li> <li>• The recording of Best Interest Decisions</li> </ul> <p><b>Ref: section 8</b></p>	Two	Restraint policy was re-written and forwarded to inspectore Ms Karen Scarlett	From date of inspection
C/f	5.3	<p>The registered person must ensure that</p> <ul style="list-style-type: none"> <li>• when changes occur to patients' skin, body mapping charts are reviewed and updated in a timely manner</li> <li>• pressure cushions when sitting out of bed must be consistently documented in care plans.</li> <li>• records must evidence that patients are assessed at every positional change and a record of the findings of the patients' skin condition is maintained.</li> </ul>	Two	Skin charts for all residents are completed at least twice daily. Body maps are updated as and when there is a change in skin integrity. Repositioning charts have been changed to show condition of skin each time a resident is repositioned.	From date of inspection

		<b>Ref: section 8</b>			
C/f	5.1	The registered person should ensure the admission policy is reviewed and updated to reflect the assessment undertaken by the acting manager.  <b>Ref: section 8</b>	One	Admission policy was changed from July 2014, all assessments are completed during pre-admission assessment and again on admission of the resident	From date of inspection
C/f	12.1	The acting manager should review practices at meal times to ensure patients are not seated in the dining room for prolonged periods of time. Advise RQIA on the action taken.  <b>Ref: section 8</b>	One	Practice has changed in that all residents who can eat independently are served their meals first. Staff then assist those residents who require assistance with meals. At all times a registered nurse is in dining room and sunroom to assist with feeding	From date of inspection
C/f	17.10	The registered person should ensure that patterns of complaints are referred to the host trust.  <b>Ref: section 8</b>	One	Received complaints are forwarded to Trust on receipt of same.	From date of inspection
1.	28.4	The registered person should ensure that nursing and care staff receive training on the Human Rights Articles and the expected human rights information to be included in care records.  <b>Ref: section 8</b>	Three	One member of staff has received training on Human Rights until now. We are waiting on more dates to release remainder of nursing staff to attend same.	From date of inspection

2.	12.12	<p>The registered person should ensure that all staff receives nutritional training.</p> <p><b>Ref: section 8</b></p>	Two	<p>All nursing staff and 3 members of kitchen staff have received nutritional training from the TRUST. A second date to instruct care staff was given but due to staff sickness this was cancelled. A second date will be given to ensure all staff have nutritional training. All staff have also received nutritional training from EVO learning. Staff nurses have been asked to complete STARS training on dysphagia as previously recommended by RQIA.</p>	From date of inspection
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the acting manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Joanne Eldon
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Cathal Breen

<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	Karen Scarlett	19/3/15
Further information requested from provider			