



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of Establishment:	Glenview
Establishment ID No:	1470
Date of Inspection:	24 February 2015
Inspector's Name:	Karen Scarlett
Inspection ID:	IN021219

The Regulation And Quality Improvement Authority
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1.0 General Information

Name of Home:	Glenview
Address:	11 Bleary Road Portadown Craigavon BT63 5NE
Telephone Number:	028 38350500
E mail Address:	manager@glenviewnursinghome.co.uk
Registered Organisation/ Registered Provider:	Mr Brendan Breen & Mrs Bernadette Breen
Registered Manager:	No manager in post
Person in Charge of the Home at the Time of Inspection:	Mr Brendan Breen (registered provider) and Mr Cathal Breen (director)
Categories of Care:	NH-DE, NH-I, NH-PH, NH-PH(E)
Number of Registered Places:	40
Number of Patients Accommodated on Day of Inspection:	30
Scale of Charges (per week):	£581.00+ £10.00 per week third party top up.
Date and Type of Previous Inspection:	9 December 2014, secondary unannounced inspection
Date and Time of Inspection:	24 February 2015 10.00 – 16.30
Name of Inspectors:	Karen Scarlett and Donna Rogan

1.0 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.

1.1 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

1.2 Methods/Process

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

- Discussion with Registered Provider
- Discussion with Director
- Discussion with staff
- Discussion with patients individually and with others in groups
- Review of a sample of staff training records
- Review of a sample of staff duty rotas
- Review of infection control audits
- Evaluation and feedback
- Observation during an inspection of the premises

1.3 Inspection Focus

This unannounced inspection was carried out to assess the level of compliance with the requirements and recommendations made at the previous inspection on 9 December 2014 and the progress of the home in addressing previously identified issues.

During an unannounced inspection on 30 September 2014 a number of issues were identified in relation to infection prevention and control, facilities and services provided to patients and the fitness of the premises. As a result the registered providers were invited to attend a serious concerns meeting at RQIA on 13 October 2014. During the serious concerns meeting the registered providers gave assurances to RQIA that the identified issues would be addressed in a timely manner and the nursing home would return to compliance.

A follow up unannounced inspection was undertaken on 9 December 2014 to review progress and assess compliance with the identified issues following the serious concerns meeting. During this inspection it was identified that, despite the assurances which had been provided, sufficient progress had not been made to address the issues and bring the home back into compliance. As a result of the lack of progress the registered providers were invited to attend a meeting on 19 December 2014, at which, RQIA intended to issue three Failure to Comply Notices.

This meeting was attended by the director and the acting manager. At the meeting the attendees provided RQIA with an action plan and confirmed that a number of actions had already been taken to address the issues and bring the home back into compliance. As a result of this action plan and the assurances provided to RQIA the Failure to Comply Notices were not issued. Instead, RQIA agreed a further period of time to allow the registered providers to progress the action plan and to embed the improvements into practice. It was agreed that a follow-up inspection to assess progress would be undertaken.

The inspectors have 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:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	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
3 - Moving towards compliance	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
4 - Substantially Compliant	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
5 - Compliant	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.

2.0 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. Mr Cathal Breen, the director, is responsible for the operation of the home and deputises for the registered person. The acting nurse manager had recently resigned and there had been no manager in post since the 15 February 2015.

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)

3.0 Summary

This summary provides an overview of the services examined during an unannounced care inspection to Glenview. The inspection was undertaken by Karen Scarlett and Donna Rogan on 24 February 2015 from 10.00 to 16.30 hours.

Mr Brendan Breen, registered provider and Mr Cathal Breen, director, were available until 13.00 hours but were unavailable for verbal feedback at the conclusion of the inspection. An urgent findings letter in relation to the safety of bed rails used in the home was given to the nurse in charge but no one was available for feedback at that time. The director was contacted by telephone on the 25 February 2015 to advise him of the findings of the inspection and that a meeting was to be held on 13 March 2015 to discuss ongoing concerns.

The inspectors met with patients, staff and relatives, observed care practices, examined a selection of records and carried out a thorough inspection of the nursing home premises. Comments from patients, relatives and staff were positive about the care provided in the home. Please refer to section 6.0 for further information.

As a result of the previous inspection conducted on 9 December 2014, seven requirements and seven recommendations were made. These were reviewed during this inspection. Two requirements were assessed as compliant; one was no longer applicable; one requirement concerning staff training was not yet compliant and has been stated for a second time; one was not examined at this inspection and will be carried forward to the next inspection. Two requirements in relation to infection control and facilities and services were not compliant and have each been subsumed into two Failure to Comply Notices.

Of the seven recommendations made at the last inspection two were assessed as compliant; one was moving towards compliance and has been stated for a third time and four recommendations were not examined at this inspection and will be carried forward to the next inspection.

During this inspection, ongoing concerns were identified in relation to infection prevention and control within the home. The home was not clean and systems had not been put in place to ensure that cleaning was carried out to the required standard. Concerns were also identified with the quality of furniture and equipment provided to patients. These matters had been raised at previous inspections and at meetings held at RQIA, as detailed in section 1.3 of the report.

The inspection identified issues in the proper fitting, maintenance and monitoring of the bed rails in the home and an urgent findings letter was issued on the day of inspection.

There were also concerns raised regarding the absence of a manager for the home and the lack of any interim management arrangements. Since the inspection an acting manager has been appointed on a temporary basis. A recommendation has been made that RQIA is kept informed of the home's progress in appointing a permanent, registered manager.

The findings of this latest inspection could not evidence that sufficient progress had been made to address the identified issues and the providers were invited to attend a meeting at RQIA on 13 March 2015. At this meeting the RQIA decided to issue two Failure to Comply Notices in respect of infection control under Regulation 13 (7) and the facilities and services provided to patients under Regulation 18 (2) (c) of The Nursing Homes Regulations (Northern Ireland) 2005.

Given the potential risk posed to patients, RQIA considered issuing a third Failure to Comply Notice in respect of the bed rails under Regulation 14 (2) (c). At the meeting the registered providers presented a robust plan including replacement of divan beds for profiling beds with integrated bed rails and training for staff. It was decided not to issue the notice and a requirement has been made in this regard.

Details on these areas can be found in section 5.0 of the report.

In addition, as a result of this inspection three requirements and two recommendations have been made.

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

4.0 Follow-Up on Previous Issues

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
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"> • the number of questionnaires issued to relatives and quantify the responses returned. • include the dates of staff and relatives meetings. • include information on the training completed by staff as an assurance to patients and representatives that staff receive and attend mandatory training. • a copy of the annual quality report should be submitted to RQIA upon completion. 	Not examined at this inspection	Carried forward to next inspection

<p>1.</p>	<p>27 (2) (b, c & d)</p>	<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"> • Systems for cleaning fans are implemented • Eradicate water damage to ceiling areas throughout the home • Review and repair bedside lockers which are chipped • Repair or replace worn seating • All parts of the nursing home are kept clean 	<p>An inspection of the premises found that fans were clean. Water damage to the ceiling in the staff toilets had been repaired and the ceiling repainted.</p> <p>There remained a number of chipped and damaged items of furniture and worn seating. The home was not clean. These items have been subsumed into a Failure to Comply Notice in relation to Regulation 13 (7) and Regulation 18 (2) (c).</p> <p>This requirement will not be restated.</p>	<p>Moving towards compliance</p>
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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>On the day of inspection there was no manager in post. It was emphasised that management arrangements must be put in place urgently in order to comply with The Nursing Homes Regulations (Northern Ireland) 2005 and the Health and Personal Social Services (Quality, Improvement and Regulation) Northern Ireland Order 2003. RQIA must be notified of these arrangements.</p> <p>This requirement is no longer applicable and a further recommendation has been made that the registered providers keep RQIA informed of the management arrangements in place for the home.</p> <p>(Refer to section 5.3 for more information)</p>	Not applicable
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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"> • different patients are interviewed each month and unique identification provided to reflect the patients' who are interviewed. • unique identification is provided to reflect the patients' representatives interviewed • record opinion as to the standard of nursing provided in the home at the time of the visit • when interviewing staff the report should incorporate actual quotes from staff to reflect their views of the care provided • deficits must be identified and recorded, and an action plan developed to address identified deficits 	<p>The company director has completed monthly Regulation 29 reports for January February and March 2015 and has forwarded these to RQIA.</p> <p>Most of the elements of this requirement were assessed as substantially compliant, however, given the current enforcement action in relation to the home a further requirement has been made that the director continues to submit the monthly reports to RQIA by the 5th of each month.</p>	Substantially Compliant
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		<ul style="list-style-type: none"> the action plan must be followed up to ensure deficits identified are addressed. <p>The reports must be submitted to RQIA each month until further notice.</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>On inspection of the premises it was noted that the home was not clean and systems were not in place to ensure that cleaning was being carried out to the expected standard.</p> <p>Please refer to section 5.1.1 for further information.</p> <p>Following this inspection it was noted that insufficient progress had been made in addressing these issues and this requirement would have been stated for a third time.</p>	<p>Not compliant and subsumed into a Failure to Comply Notice</p>

5.	18 (2) (c)	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>Ongoing issues were identified with the condition of bedroom furniture, seating, beds and bedding, carpets and commodes.</p> <p>Please refer to section 5.1.2 for further information.</p> <p>Following this inspection it was noted that insufficient progress had been made in addressing these issues and this requirement would have been stated for a third time.</p>	Not compliant and subsumed into a Failure to Comply Notice
6.	14 (4)	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>An examination of the training records could not evidence that all staff had received up to date training in the prevention of abuse of vulnerable adults.</p> <p>This requirement has been stated for the second time.</p>	Moving towards compliance

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
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"> • Human Rights Legislation • DHSSPS, Deprivation of Liberty Safeguards(DOLS) • The recording of Best Interest Decisions 	<p>A copy of the updated restraint policy was sent to RQIA but requires to be further developed to include the implications of the legislation and best practice guidelines outlined in the recommendation.</p> <p>This recommendation has been stated for a third time.</p>	Moving towards compliance
C/F	5.3	<p>The registered person must ensure that</p> <ul style="list-style-type: none"> • when changes occur to patients' skin, body mapping charts are reviewed and updated in a timely manner • pressure cushions when sitting out of bed must be consistently documented in care plans. • records must evidence that patients are assessed at every positional change and a record of the findings of the patients' 	Not examined at this inspection	Carried forward to next inspection

		skin condition is maintained.		
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.	Not examined at this inspection	Carried forward to next 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.	Not examined at this inspection	Carried forward to next inspection
C/F	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 next 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.	The registered provider stated that dates for this training have been planned. This recommendation has been assessed as moving towards compliance and has not been restated.	Moving towards compliance

2.	12.12	The registered person should ensure that all staff receives nutritional training.	<p>There was evidence that a number of care assistants had attended nutritional training. Further dates are planned and an e-learning package is available for staff.</p> <p>This recommendation has been assessed as moving towards compliance and has not been restated.</p>	Moving towards compliance
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4.1 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.

5.0 Areas Examined

5.1 Environment

A number of issues were identified during an inspection of the premises. These issues relate to poor infection control practices and the condition of furniture and equipment. These were discussed with the director during the inspection.

5.1.1 Infection Prevention and Control

Issues in relation to infection prevention and control had been identified at previous inspections and at meetings held at RQIA. An action plan had been submitted and assurances given that these matters would be addressed. A number of issues had been addressed including:

- the purchase of two new raised toilet seats
- the purchase of plastic drawer units which was effectively managing to eliminate clutter in the bathrooms
- the fitting of a drip tray in an upstairs sluice

However, a number of issues were still ongoing and taken together the cleanliness of the home fell below the expected standard. These include the following:

- chairs were stained and damaged and could not be effectively cleaned
- bed frames were scratched and could not be effectively cleaned
- the raised toilet seat in one bathroom was corroded and soiled
- the toilet adjacent to the sun lounge was found to be scratched and could not be effectively cleaned
- there was a build-up of limescale around sink taps throughout the home which could not be effectively cleaned
- dust was found on windows and bedroom floors
- there was a lack of accessible cleaning products upstairs to decontaminate equipment, for example commodes and bed pans
- cleaning equipment was not being used in accordance with best practice guidelines for infection prevention and control.
- shelving in treatment room cupboards were not clean
- yellow clinical waste bags had been placed outside the building along with cardboard waste which littered the outside premises
- a number of toileting slings, which should be for individual patient use, were found to be hanging outside the sluice which is not in accordance with best practice in infection prevention and control
- carpet had been laid in an en-suite bathroom which is not in accordance with best practice in infection prevention and control
- there was no evidence of robust cleaning schedules to guide the work of the domestic staff
- there was no evidence of robust supervision to ensure that cleaning was being carried out to an acceptable standard
- there was a lack of effective quality monitoring of infection control practices
- there were insufficient numbers of staff trained in infection prevention and control

The domestic supervisor, who had been newly re-appointed that week, informed the inspectors which rooms were scheduled for a deep clean on the day of inspection. The domestic confirmed that one room had been deep cleaned. The inspectors found this room to have dusty carpet; dusty shelving and the sink taps were not clean. In addition the bed rails were found to be deeply scratched and unable to be effectively cleaned.

An inspection of the domestic trolley found that the recommended colour coding system for cleaning equipment was not in use. This is not in accordance with best practice in infection prevention and control.

At the meeting on 13 March 2015, the registered providers furnished the RQIA with an updated "domestic cleaning schedule" and presented a book which domestic staff signed on completion of their cleaning duties. These were considered to be in need of further development. In addition, robust supervision arrangements for domestic staff are required to be put in place to ensure that cleaning is carried out to the required standard.

The carpeted floor in the identified en-suite bathroom was discussed at the meeting and the registered providers stated their intention to remove the sanitary ware and lock the door of the en-suite to put this out of use. RQIA raised concerns that this may reduce the number of available toilets as stated at the time of registration. The plans will be reviewed by Estates to ensure that adequate toilet facilities are available for the patients.

It was decided that the measures outlined were insufficient to address the identified issues and a Failure to Comply Notice has been issued in relation to Regulation 13 (7) of the Nursing Homes Regulations (Northern Ireland) 2005.

5.1.2 Fitness of the Furniture and Equipment

Issues in relation to furniture and equipment had been identified at previous inspections and at meetings held at RQIA. An action plan had been submitted and assurances given that these matters would be addressed. A number of issues had been addressed including:

- the replacement or removal of damaged bed rail bumpers
- the re-upholstery of several recliner chairs in the sun room
- the purchase of four profiling beds
- the replacement of worn towels

However, in the majority of bedrooms the furniture 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 or close properly. Seating in patients' bedrooms, corridors and in the lounges was found to be worn and in need of repair or replacement.

Patients' valance sheets and bedding were found to be damaged and were not clean.

At the previous inspection a number of commode seat and back pads were found to be torn and in need of repair or replacement. At this inspection a number of free standing commodes were still observed in bedrooms which had torn seat pads. A number of torn seat pads had been removed but not replaced and the pots were draped with a fabric cover. A number of torn back rests on commodes had been removed since the previous inspection but this left the frame exposed and could potentially result in discomfort to the user. These commodes will require replacement.

All divan bed bases examined were found to be stained and torn and were not able to be effectively decontaminated. Although four divan beds had been replaced with profiling beds, an urgent plan for replacement of the remaining divan beds is required.

A number of carpets in bedrooms and communal areas were found to be soiled and stained and had not been effectively cleaned. At the previous inspection this had been addressed but this had not been sustained. A robust cleaning schedule, robust supervision and ongoing audits on infection control practices are required to address these issues.

During the inspection the director was asked to update the action plan. This was to include the specific actions taken to date, the specific equipment repaired or replaced and the plan for the ongoing repair and replacement of furniture and equipment. The director could not provide this on the day of inspection and was asked to return this to RQIA by 27 February 2015. An email was received on 27 February 2015 detailing the number of bed rails which had been replaced and the number of profiling beds purchased. No information was provided on any other points in the action plan or what the next planned actions would be. A subsequent email was received from the director on 12 March 2015 detailing further issues and the actions which were to be undertaken to address these.

At the meeting on 13 March 2015 the registered provider outlined a number of items of furniture and equipment which had been replaced, including divan beds, commodes and a raised toilet seat. It was decided that these measures were insufficient to address the scale of the problem and a Failure to Comply Notice has been issued in relation to Regulation 18 (2) (c) of the Nursing Homes Regulations (Northern Ireland) 2005.

5.2 Health and Safety

An inspection of the premises identified a number of divan beds with third party bed rails. The bed rails were found to be poorly maintained, loose and ill-fitting and presented a potential risk of entrapment for patients. The staff demonstrated insufficient knowledge of the risks associated with third party bed rails and were unaware of the Medicines and Healthcare Products Regulatory Agency (MHRA) guidelines in this regard. There was no evidence of any system in place to manage the potential risks associated with the use of the third party bed rails.

Overlay mattresses were being used on profiling beds and consideration had not been given to the additional height of the mattress. Therefore, the top surfaces of the bed rails were not within the minimum recommended height, presenting a potential risk to patients.

In one bedroom an airwave mattress was found to be overhanging the divan base by approximately six inches presenting a risk to the patient. This matter had been raised at a previous inspection on 30 September 2014. There were also third party bed rails in place on this bed and on testing these were found to be very loose and ill-fitting. The divan bed base

was badly torn and was not clean. The nurse in charge accompanied the inspectors to the bedroom concerned and the issues and the risks presented to the patient were discussed. The nurse was unable to demonstrate appropriate knowledge of the MHRA guidelines on the safe use of bedrails. A profiling bed was identified for this patient by the nurse in charge and she agreed to have this decontaminated and reassembled for use by the patient that day.

In another room a strap was found under the bed with hooks at either end. The nurse told the inspectors this was placed on the underside of the bed and hooked to the bed rails on either side to keep them in place. This is not safe and this practice must cease immediately.

A representative of the company who supplies the profiling beds to the home was present on the day of inspection and he agreed with the director to arrange a training session for the maintenance person and any other staff in the home regarding the safe use of bedrails.

Given the concerns regarding the bed rails, an urgent findings letter was issued on the day of inspection and given to the nurse in charge to action. This required an urgent review of the use of bedrails within the home in accordance with MHRA guidelines (DB2006 (06) on safe use of bed rails. This further required that management systems were put in place to monitor and ensure that these were being used safely.

This was discussed with the senior inspector on 25 February 2015 and given the potential risk to patients it was decided to invite the providers to a meeting on 13 March 2014 at RQIA with the intention of issuing a Failure to Comply Notice in respect of Regulation 14 (2) (c) of The Nursing Homes Regulations (Northern Ireland) 2005.

At this meeting the registered provider stated that all divan beds in the home were to be removed and replaced with profiling beds within the next four to six weeks, dependent upon the availability via their supplier. In addition, on 9 March 2015, the majority of staff undertook training in relation to the safe use of bedrails. These actions were welcomed by RQIA and it was agreed that a Failure to Comply Notice would not be issued on this occasion.

However, a requirement has been made that the registered providers ensure that all bed rails in use at present are properly fitted, maintained and monitored to ensure patient safety.

5.3 Management Arrangements

On the day of inspection there was no manager in post. The previous acting manager had resigned and the post has been vacant since the 15 February 2015. The RQIA had been given notice of the absence of the manager by the company director on 12 February 2015 but the notification contained no information on interim management arrangements for the home. A letter was sent to the providers on 16 February 2015 asking them to notify RQIA of the interim management arrangements and to appoint an acting manager but no response had been received.

The management arrangements were discussed with the provider and the director during the inspection, who stated that they were actively recruiting for this post but have had no success. It was emphasised that management arrangements must be put in place urgently in order to comply with The Nursing Homes Regulations (Northern Ireland) 2005 and The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and that the RQIA must be notified of these arrangements without delay.

The home's administrator, Sharon Douglas, contacted RQIA on 12 March 2015 with a proposal for interim management arrangements. The arrangements were subsequently agreed and confirmed in a letter sent to the registered providers on 11 March 2015. It was confirmed at the meeting on 13 March 2015 at RQIA that the new temporary, acting manager will take up post on 23 March 2015. The registered providers confirmed that they are continuing to advertise for the post. A recommendation has been made that RQIA is kept informed of the home's progress in appointing a permanent, registered manager.

5.4 Patient and relative comments

All patients were found to be well presented on the day of inspection. Patients appeared to be comfortable and relaxed. The inspectors had the opportunity to speak with seven patients individually and with the majority of others in groups. Some were unable to express themselves verbally but indicated with positive gestures that they were happy in the home. No complaints were raised and examples of patients' comments included:

"They look after me well."

"I have no complaints."

The inspectors spoke with three visiting relatives. They commented positively about the care and the nursing staff. No complaints were raised with the inspectors.

5.5 Staff comments

The inspectors spoke with five staff individually. They reported that they were usually adequately staffed and commented that there had been some improvement in the cleanliness of the home and that some new beds had been purchased. One care assistant indicated that they were cleaning the commode pots and bed pans upstairs with hot water only, which is not in accordance with best practice in infection prevention and control. The staff did not raise any concerns with the inspectors.

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mr Cathal Breen, director, 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

24 February 2015

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

The specific actions set out in the Quality Improvement Plan were discussed with Mr Cathal Breen, company director, after the inspection visit.

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

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

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

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

Statutory Requirements

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

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
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"> • the number of questionnaires issued to relatives and quantify the responses returned. • include the dates of staff and relatives meetings. • include information on the training completed by staff as an assurance to patients and representatives that staff receive and attend mandatory training. • a copy of the annual quality report should be submitted to RQIA upon completion. <p>Ref: section 4.0</p>	One	<p>Staff meeting held on 9 March 2015</p> <p>Relatives meeting held on 1st April 2015 and questionnaires subsequently sent to 28 Next of Kin - awaiting response to same.</p> <p>Up to date copy of Training Records sent as attachment.</p> <p>Copy of Manager's Annual report 2014 sent as an attachment.</p>	Carried forward until next inspection

1.	14 (2) (c)	<p>Bed rails used within the home must be immediately reviewed to prevent any unnecessary risks to the health and safety of patients. Bed rails should be managed in accordance with MHRA guidelines.</p> <p>Ref: section 6.2</p>	One	<p>Bed Rail training completed on 09.03.15 Bed rails now integrated to profiling beds.</p>	From date of inspection
2.	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>Ref: section 4.0</p>	Two	<p>Up to date training records attached - includes PVA Training.</p>	24 May 2015
3.	29 (5) (a)	<p>The registered provider must submit the monthly regulation 29 reports to RQIA by the 5th of each month until further notice.</p> <p>Ref: section 4.0</p>	One	<p>Registered provider attending to this matter.</p>	Ongoing from date of inspection

Recommendations

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	5.3	<p>The registered person must ensure that</p> <ul style="list-style-type: none"> • when changes occur to patients' skin, body mapping charts are reviewed and updated in a timely manner • pressure cushions when sitting out of bed must be consistently documented in care plans. • records must evidence that patients are assessed at every positional change and a record of the findings of the patients' skin condition is maintained. <p>Ref: section 4.0</p>	Two	<p>Body maps updated routinely once per month and as changes occur, also following a fall.</p> <p>All staff informed to document the use of pressure reducing cushions in care plans</p> <p>Staff aware of repositioning records - no bedfast residents at present.</p>	Carried forward until next inspection
C/F	5.1	<p>The registered person should ensure the admission policy is reviewed and updated to reflect the assessment undertaken by the acting manager.</p> <p>Ref: section 4.0</p>	One	Admission Policy in place - copy sent as attachment	Carried forward until next inspection

C/F	12.1	<p>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.</p> <p>Ref: section 4.0</p>	One	<p>Breakfast - residents attended to immediately upon entering the dining room by a nominated carer.</p> <p>Lunch & Teatime - all staff in attendance</p>	Carried forward until next inspection
C/F	17.10	<p>The registered person should ensure that patterns of complaints are referred to the host trust.</p> <p>Ref: section 4.0</p>	One	<p>Complaints procedure followed as required by Southern Health Trust - incidents notified by way of reg 30 report to corporate Governance. Patterns of concerns will be forwarded to Host Trust.</p>	Carried forward until next inspection
1.	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"> • Human Rights Legislation • DHSSPS, Deprivation of Liberty Safeguards(DOLS) • The recording of Best Interest Decisions <p>Ref: section 4.0</p>	Three	<p>Restraint Policy reviewed - copy sent as attachment.</p>	24 June 2015

2.	25.8	<p>The registered person should keep RQIA informed of the Home's management arrangements and their progress in appointing a permanent, registered manager.</p> <p>Ref: section 5.0</p>	One	<p>Ongoing recruitment in place.</p> <p>One applicant found to be unsuitable.</p> <p>Acting Manager in place.</p>	Ongoing 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 registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Elsabé Mitchell
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Brendan Breen

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Karen Scarlett	23/4/15
Further information requested from provider			