

Unannounced Post-Registration Care Inspection Report 1 August 2017



Glenabbey Manor

Type of Service: Residential Care Home
**Address: 93 - 97 Church Road, Glengormley,
Newtownabbey, BT36 6HG**
Tel No: 028 9084 3601
Inspector: Alice McTavish

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 57 beds that provides care for older people or people living with dementia. Glenabbey Manor is a newly registered home which began to admit residents in early July 2017.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Gavin O'Hare-Connolly – acting	Registered Manager: Susan Marie Smith – manager
Person in charge at the time of inspection: Care team manager (agency) from 09.15 to 10.45. Anne O'Kane, manager within Runwood Homes from 10.45 onwards.	Date manager registered: 14 July 2017
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Number of registered places: 57

4.0 Inspection summary

An unannounced care inspection took place on 1 August 2017 from 09.15 to 15.45.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified since the pre-registration care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the home's environment, care records, communication between residents, staff and other key stakeholders, listening to and valuing residents and to maintaining good working relationships.

Areas requiring improvement were identified. These included the management arrangements in the home, induction of agency staff, competency and capability assessments, enhanced Access NI disclosures for all staff being obtained before the commencement of employment and accurate maintenance of the staff duty rota.

Discussion confirmed that the registered person had fully recognised the gravity of the situation and the inspector was assured that this would not arise again. Recruitment practices will be regularly inspected in future.

Enforcement action was considered by RQIA. It was decided that any potential risk to the home's residents was not present on the day of inspection. Furthermore, the registered provider had identified, through internal governance systems, those issues relating to enhanced AccessNI disclosures; immediate and appropriate action had been taken to safeguard residents. The provider had also alerted both RQIA and the trust to the actions taken. The

provider later submitted a report to RQIA into the investigation undertaken, the actions taken and learning which was applied across the organisation.

Residents and a representative said that the home provided a very pleasant environment in which to live, that the staff treated them very well and that they enjoyed living there.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	4	2

Details of the Quality Improvement Plan (QIP) were discussed with Anne O’Kane, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, notifiable events and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with seven residents, one care team manager, two care assistants, one resident’s representative and the person in charge.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. No questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff training records
- Staff recruitment files
- Two residents’ care files
- Equipment maintenance records
- Monthly monitoring report
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities
- Policies and procedures manual

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 22 June 2017

The most recent inspection of the home was an announced pre-registration premises inspection.

6.2 Review of areas for improvement from the last care inspection dated 15 June 2017

There were no areas for improvements made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

RQIA was advised by Runwood Homes Ltd that the registered manager for Glenabbey Manor had left the organisation. The manager confirmed that the home had voluntarily suspended admissions to new residents. This was to allow for a new registered manager to be recruited.

On the day of inspection eight residents were accommodated. The manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and a resident's representative.

In discussion with staff, however, it was established that the temporary replacement manager was on annual leave. One of the organisation's managers had been present in the home on the first week of the replacement manager's absence. Inspection of the staff duty rota identified that no manager was scheduled to be on duty in the home on the day of the inspection. Staff advised that a manager was, however, available either by telephone or to attend in person if required; a manager was contacted by staff and later arrived at the home. It was established that this manager came to the home only because an inspection was in progress. Action was required to ensure compliance with the regulations in relation to management arrangements in the home.

A review of the duty rota confirmed that it accurately reflected the numbers of staff working within the home, however, the names of the care team managers were not accurate. Action was required to ensure compliance with the standards in relation to the staff duty rota.

A review of completed induction records and discussion with the manager and staff evidenced that an induction programme was in place for staff, relevant to their specific roles and

responsibilities. It was identified, however, that not all agency staff had received an induction prior to commencing duties in the home. This included the care team manager (agency) who was on duty on the day of the inspection. When this was brought to the attention of the manager, an induction was immediately provided for this staff member; arrangements were also put in place to ensure that any other agency staff would be provided with an induction before commencing duty in the home. Action was required to ensure compliance with the regulations in relation to induction of agency staff.

Discussion with staff confirmed that mandatory training was provided. Inspection of mandatory training records confirmed that training had been provided. The manager confirmed that staff supervision and annual staff appraisals were in the process of being arranged.

On the day of the inspection, the care team manager was an agency worker who had not undergone a competency and capability assessment; a manager was not scheduled to be on duty. The staff team was new to the home. During the pre-registration inspection, sufficient assurances were received that competency and capability assessments would be completed for any person who was given the responsibility of being in charge of the home for any period in the absence of the manager. Action was required to ensure compliance with the regulations in relation to competency and capability assessments.

Review of the recruitment and selection policy and procedure during the pre-registration inspection confirmed that it complied with current legislation and best practice. Discussion with the manager and review of staff personnel files confirmed that some staff had not been recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

It was established that some enhanced AccessNI disclosures were obtained after staff had commenced employment. Discussion with the manager identified that the organisation recognised this issue and took swift and appropriate action to ensure that the staff without enhanced AccessNI disclosures in place were removed from the staff duty rota. The necessary checks were completed and reviewed by management before staff returned to duty. RQIA and the local trust were advised of the issue. Action was required to ensure compliance with the regulations in relation to all information outlined in Schedule 2 of the regulations being obtained for all staff prior to commencing employment.

Personnel records reviewed confirmed that AccessNI information was managed in line with best practice. There were arrangements in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for staff.

Discussion with the manager identified that the only issue of adult safeguarding had been in relation to staff not having the necessary checks prior to commencing employment. The

manager confirmed that any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The manager confirmed there were restrictive practices employed within the home, notably keypad entry systems to the service areas of the home, to the lift and to stairwells. Discussion with the manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

A review of the Statement of Purpose and Residents Guide identified that restrictions were adequately described.

The manager confirmed there were risk management policy and procedures in place in relation to the safety of the home. Discussion with the manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), fire safety etc.

Review of the Infection Prevention and Control (IPC) policy and procedure during the pre-registration inspection confirmed that this was in line with regional guidelines. Staff training records confirmed that staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The manager reported that there had been no outbreaks of infection since the home opened. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The home had an up to date fire risk assessment in place dated 12 June 2017. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and

means of escape were checked weekly. The manager advised that all services and equipment in the home was new and that there was a system in place to ensure regular maintenance.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to infection prevention and control and the home's environment.

Areas for improvement

Four areas for improvement were identified which required action to ensure compliance with the regulations. These were in respect of management arrangements in the home, induction of agency staff, completion of competency and capability assessments and enhanced AccessNI disclosures for all staff being obtained before the commencement of employment.

One area for improvement was identified which required action to ensure compliance with the standards. This was in respect of accurate maintenance of the staff duty rota.

	Regulations	Standards
Total number of areas for improvement	4	1

6.5 Is care effective?

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

Discussion with the manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

The home had an electronic system of maintaining records which was designed to cover all necessary areas of resident care. There were also arrangements for the management and storage of any records held in hard copy. The home was registered with the Information Commissioner's Office. Records were stored safely and securely in line with data protection.

A review of the care records of two residents confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, pain, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident. Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice.

The manager advised that arrangements were to be put in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. This would include regular audits of risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks), complaints, environment and catering. Any actions identified for improvement would be incorporated into practice.

The manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, staff meetings and staff shift handovers. The manager gave assurances that multi-professional team reviews and residents' meetings would be arranged in due course.

Residents and a representative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of residents' meetings will be reviewed during future inspections.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records and communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff, residents and a representative confirmed that residents' spiritual and cultural needs were met within the home. Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner; care plans were in place for management of pain.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. Discussion with residents, a representative and staff, along with observation of care practice and social interactions, demonstrated that residents were treated with dignity and respect.

The manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner and that residents' needs were recognised and responded to in a prompt and courteous manner by staff. Residents and a representative confirmed that their views and opinions were taken into account in all matters affecting them.

The manager advised that residents' meetings would be arranged when more residents were admitted to the home. In the meantime, residents would be consulted daily about their choices and preferences for care. Residents would also be encouraged to actively participate in reviews of their care.

The manager confirmed that residents would also be consulted with, at least annually, about the quality of care and environment. The findings from the consultation would be collated into a summary report which would be made available for residents and other interested parties to read. An action plan would be developed and implemented to address any issues identified.

Discussion with staff, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Residents commented, however, that the home felt very large with only a few residents and that they looked forward to the home having more people accommodated. Some residents indicated that there were not enough activities to keep them occupied. Action was required to ensure compliance with the standards.

Residents spoken with during the inspection made the following comments:

- “This is a great place. They (staff) look after me well. The food is good - I’ve put on so much weight!”
- “They look after me well. I’m still getting used to my room but I like the views. The only thing I’m not so keen on is that there’s not enough to do during the day.”
- “The food is nice and I can get whatever I want to eat. I like my room and I enjoy watching the world go by. I think it would be better if there was more to do.”
- “I’m quite happy here. The staff are lovely and they couldn’t do enough for us. They treat us very kindly and always have time for a wee chat.”
- “I find this a very good place. I couldn’t complain about a single thing. It is very quiet, though, but I believe there will be more people coming in and that should make things a bit more lively. I’m happy here.”

A resident’s representative spoken with during the inspection made the following comment:

- “We are very happy with the care and my (relative) says she is happy too. The staff are great. I know that there have been some changes in management but hope this will not affect the care in the home.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

One area for improvement was identified during the inspection. This related to the provision of activities for residents.

	Regulations	Standards
Total number of areas for improvement	0	1

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The manager outlined the management arrangements and governance systems in place within the home. These were found to be largely in line with good practice. The needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were to be systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and posters displayed in the home. Discussion with staff confirmed that were knowledgeable about how to receive and deal with complaints. No complaints had been received since the home had opened. The area of the management of complaints will be reviewed in detail during future care inspections.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. No accidents/incidents/notifiable events had occurred since the home opened. This area will be reviewed in detail during future care inspections.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

The manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Anne O’Kane, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 8.- (1) (a) (b) Stated: First time To be completed by: 1 August 2017	The registered person shall ensure that there are adequate management arrangements in place at all times. Ref: 6.4
	Response by registered person detailing the actions taken: The Acting Manager is in the Home weekdays until 5pm. The Deputy Manager is also rostered for the home and the person in charge and on call is available for all staff to see throughout the service. In addition to this Rosemary Dilworth is the Director on call for Northern Ireland and contactable at anytime.
Area for improvement 2 Ref: Regulation 20.- (1) (c) Stated: First time To be completed by: 1 August 2017	The registered person shall ensure that persons employed to work at the home receive induction relevant to their roles and responsibilities, including agency staff. Ref: 6.4
	Response by registered person detailing the actions taken: All staff have a comprehensive Induction in place. All Agency staff complete an Induction prior to their shift commencing. A Tracker is in place to monitor this.
Area for improvement 3 Ref: Regulation 20.- (3) Stated: First time To be completed by: 1 August 2017	The registered person shall ensure that a competency and capability assessment is carried out with any person who is given the responsibility of being in charge of the home for any period of time in the absence of the registered manager. Ref: 6.4
	Response by registered person detailing the actions taken: All staff receive induction training and competency review in respect of their role. In respect of in-charge of the service - All Senior staff in charge complete a thirteen stage competency on management of the service. A separate Competency has also been completed in respect of Management.

<p>Area for improvement 4</p> <p>Ref: Regulation 21.- (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2017</p>	<p>The registered person shall ensure that all information outlined in Schedule 2 is available for staff before the commencement of employment.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: A robust recruitment process has been implemented. All staff prior to commencement of employment must have the necessary checks completed, Access NI and references must be received and satisfactory prior to any new staff commencing employment.</p>
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p> <p>To be completed by: 1 August 2017</p>	<p>The registered person shall ensure that the staff duty rota is accurately maintained.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Staff Rota is in place and maintained with full staff names recorded. It also indicates the person in charge.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 13.1</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2017</p>	<p>The registered person shall ensure that there is a suitable programme of activities and events for residents.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Residents have been participating in a varied programme of activities and this is documented. Notices are displayed with the activities on offer for that day. An Occupational Therapist has been appointed and is due to commence employment once all recruitment checks have been completed.</p>

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



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