

# **Unannounced Follow Up Care Inspection Report 11 May 2018**



## **Glenabbey Manor**

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

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 provider 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 persons living with dementia.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Runwood Homes Ltd Gavin O'Hare-Connolly	<b>Registered Manager:</b> See below
<b>Person in charge at the time of inspection:</b> Julie Beacom	<b>Date manager registered:</b> Julie Beacom – registration pending
<b>Categories of care:</b> Residential Care (RC) RC-DE, RC-I	<b>Number of registered places:</b> 57

### 4.0 Inspection summary

An unannounced inspection took place on 11 May 2018 from 14.45 hours to 17.00 hours.

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

RQIA received information from an anonymous source, raising concerns in relation to the management and governance arrangements within Runwood Homes which included staff recruitment and selection processes, registration of staff with their professional body and that two of the registered homes were being used to conduct business in respect to another service.

This inspection was undertaken to provide assurance in relation to the management and governance arrangements within Runwood Homes and the safety and wellbeing of residents in Glenabbey Manor.

The following areas were examined during the inspection:

- the use of Glenabbey Manor to conduct business in respect to another service
- governance and management arrangements
- visits by registered provider
- recruitment and selection of staff
- registration of staff with their professional bodies.

Residents said "this is a good place". Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings.

Four of the five staff spoken with confirmed that they were aware that monitoring visits took place and knew the members of the management team completing the visits, one member of staff stated that they knew the visits took place but didn't know the names of the staff undertaking them.

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
<b>Total number of areas for improvement</b>	0	3*

\* The total number of areas for improvement includes three standards which have been carried forward for review at the next care inspection.

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Julie Beacom, registered manager, as part of the inspection process and can be found in the main body of the report.

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

#### 4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 26 March 2018. Other than those actions detailed in the QIP no further actions were required to be taken following 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, the returned QIP and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with one resident and five staff.

The following records were examined during the inspection:

- four reports of visits by registered provider
- three staff files
- staff registration with professional bodies

Areas for improvement identified at the last care inspection were not reviewed as part of this inspection and are carried forward to the next care inspection.

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 26 March 2018

The most recent inspection of the home was an unannounced care inspection on 26 March 2018. The areas for improvement from the last care inspection were not reviewed as part of the inspection and are carried forward to the next care inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 26 March 2018

This inspection focused solely on issues previously outlined in section 4.0. The areas for improvement from the last care inspection on 26 March 2018 were not reviewed as part of the inspection and are carried forward to the next care inspection.

## 6.3 Inspection findings

### 6.3.1 Use of premises by unregulated service

The registered manager advised that the premises were not used to conduct business in respect to another service. They were not unaware of the establishment being used to take bookings, meet clients/potential clients or undertake medical assessments.

### 6.3.2 Governance and management arrangements

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability.

The manager outlined the management arrangements and governance systems in place within the home. The registered manager stated that the registered provider was kept informed regarding the day to day running of the home including telephone calls, emails and visits to the home.

The registered manager confirmed that they felt supported in their role by senior management.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

### 6.3.3 Visits by registered provider

The registered manager confirmed that visits by the registered provider were undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; reports were produced and made available for residents, their representatives, staff, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

Review of the last four reports dated December to April 2018 evidenced that:

- The visits had been completed by Carol Shields, Dementia Services Manager and Amanda Leitch, Quality and Governance Manager.
- Two of the reports contained the date of visit; the time commenced and the time concluded, the reports of 27 December 2017 and 25 January 2018 stated the duration of the visit as being one day. The monitoring visit and subsequent report should be focused for completion on one day. This was discussed with Rosemary Dilworth, Operations Director for Northern Ireland, who agreed to ensure that this was detailed correctly in future reports.
- Residents were spoken with as part of the visit.
- Staff were interviewed as part of the visit.

- Where areas for improvement were identified; an action plan was developed to address the issues.
- Areas for improvement previously identified are being addressed.
- There is a system in place to escalate areas for concern up through the governance structures within Runwood Homes.

#### 6.3.4 Recruitment and selection of staff

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager and review of three staff files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. We were informed and viewed, a new process in respect of recruitment and selection that had been implemented and additional areas were explored; for example, details of current live registration with the Northern Ireland Social Care Council (NISCC). In discussion, the registered manager stated that Runwood Homes Ltd have recently revised the online application form and it was felt that it was now a more comprehensive document. The registered manager also stated that a new checklist of questions to be asked and/or confirmed at interview had been introduced.

The manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that AccessNI information was recorded and managed in line with best practice.

#### 6.3.5 Registration of staff with their professional bodies

Arrangements were in place to monitor the registration status of staff with their professional body. Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC). The review of the monitoring records regarding staffs' registration with NISCC evidenced that staff were not registered as working in Glenabbey Manor. The public facing register verified that staff were registered, however, the name of their previous place of employment was given. It is the responsibility of individual staff members to ensure that their professional body retains current information. The manager agreed to inform staff of the need to provide NISCC with their current information.

#### Areas of good practice

There was evidence of good practice in relation to discussion with patients, staff and patients representatives, recruitment and selection procedures and the monitoring of staff with their professional bodies.

#### 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

There were no areas for improvement identified during this inspection. Areas for improvement identified during the care inspection on 26 March 2018 were not reviewed and are carried forward to the next care inspection.

## Quality Improvement Plan

### Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 19 (1) (3)  <b>Stated:</b> First time  <b>To be completed by:</b> 30 April 2018	The registered person shall ensure all areas stated in the body of the report dated 13 and 14 February 2018 relating to care records are satisfactorily addressed.  <b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>  Ref: 6.2
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 16 (2) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 29 June 2018	The registered person shall ensure that the care records for the identified residents are reviewed and updated to ensure that they are reflective of their identified needs.  <b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>  Ref: 6.2

### Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<b>Area for improvement 1</b>  <b>Ref:</b> Standard 35.1  <b>Stated:</b> First time  <b>To be completed by:</b> 27 March 2018	The registered person shall ensure all items in linen store are kept off the floor in line with IPC guidelines.
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>  Ref: 6.2

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





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