

# Inspection Report

## 14 September 2021



## Glenabbey Manor

Type of service: Residential  
Address: 93-97 Church Road, Newtownabbey, BT36 6HG  
Telephone number: 028 9084 3601

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Kathryn Homes Ltd  <b>Responsible Individual</b> Mrs Andrea Feeney – Registration pending	<b>Registered Manager:</b> Mrs Liza Lorimer  Registration pending
<b>Person in charge at the time of inspection:</b> Mrs Liza Lorimer	<b>Number of registered places:</b> 76  A maximum of 47 residents in category RC-DE; 19 accommodated on the ground floor and 28 accommodated on the first floor. A maximum of 29 residents in category RC-I accommodated on the second floor.
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 66
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides health and social care for up to 66 residents. The home is divided in three units, over three floors. The Ground floor unit is called “Meadow” and has 19 beds. The first floor unit is called “Hill” and has 28 beds; the second floor unit is called “Mountain” and has 19 beds.	

## 2.0 Inspection summary

An unannounced inspection took place on 14 September 2021, from 9.45am to 6.15pm by two care inspectors.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

The home was clean and there was a homely atmosphere. Staff were attentive to the residents and carried out their work in a compassionate manner.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be comfortable in their surroundings and in their interactions with staff.

Addressing the areas for improvement identified will further enhance the quality of care and services in Glenabbey Manor.

The findings of this report will provide the Manager with the necessary information to improve staff practice and the residents' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mrs Liza Lorimer, Manager and Theresa Nixon, Chair of the Board of Kathryn Homes Ltd, at the conclusion of the inspection.

### **4.0 What people told us about the service**

Sixteen residents and eight staff were spoken with during the inspection. No comments were provided by staff via the on-line staff survey or from residents or relatives via the questionnaires provided.

Residents spoken with commented positively regarding the home. One resident described the staff as "always being attentive and I know them all." Another resident commented on how "I am more than happy with my care, they couldn't be better to me".

Staff told us they were generally happy working in the home, felt supported by the Manager and the training provided was good.

Some staff did comment on the staffing levels not being at the required levels at times, and its ongoing negative effect on morale. This is discussed in section 5.2.1.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 10 June 2020		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 20 (1) (a)  <b>Stated:</b> First time	The registered person shall ensure that at all times suitably qualified, competent and experienced persons are working in the home in such numbers as are appropriate for the health and welfare of residents.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence of the proactive management of staffing levels to meet the needs of the residents.	
<b>Area for Improvement 2</b>  <b>Ref:</b> Regulation 29 (4) (b) (c)  <b>Stated:</b> First time	The registered person shall ensure that the reports of the monthly monitoring visits by the registered provider include the following: <ul style="list-style-type: none"> <li>the specific period reviewed for accidents and incidents</li> <li>all actions partially or not fully completed carried forward to the next month</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence to confirm that this area for improvement was met.	
<b>Area for Improvement 3</b>  <b>Ref:</b> Regulation 30 (1) (d)	The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of any event in the home which adversely affects the wellbeing or safety of any resident.	<b>Met</b>

<b>Stated:</b> First time	<b>Action taken as confirmed during the inspection:</b> There was evidence to confirm that this area for improvement was met.	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b>		<b>Validation of compliance</b>
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 17.1  <b>Stated:</b> Second time	<p>The registered person shall ensure that all complaints are fully documented in line with the company's policies and procedures and best practice.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence to confirm that this area for improvement was met.</p>	<b>Met</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time	<p>The registered person shall ensure that effective arrangements are in place to provide consistent, person centred activities to residents.</p> <p><b>Action taken as confirmed during the inspection:</b> On the day of inspection we were told that a new activity therapist was being recruited. This Area carried for improvement is carried forward for review at the next inspection.</p>	
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 12.10  <b>Stated:</b> First time	<p>The registered person shall ensure the following:</p> <p>Speech and Language Therapy recommendations are clarified, where necessary</p> <p>Resident's care records contain clear directions for staff at all times in relation to the level of supervision each resident requires with eating and drinking.</p> <p><b>Action taken as confirmed during the inspection:</b> There was evidence to confirm that this area for improvement was met.</p>	<b>Met</b>

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the Manager was not on duty.

Care staff spoke of their frustrations with staffing levels which due to short notice sick leave, could cause them to have to work 'short'. For example, on the morning of this inspection three staff had rung in sick in the morning and management were only able to cover two of the shifts. Discussion with the manager confirmed that staffing levels were assessed on a daily basis to ensure the needs of the residents were met; and a process was in place to manage staff absences. RQIA were assured that the manager and senior management team for the organisation were proactively managing staffing arrangements. In addition observations evidenced that residents received safe, effective and compassionate care. An area for improvement was identified that requires the manager to notify RQIA when the planned staffing levels are not met. This was discussed with the Manager who confirmed the actions already taken and plans in place to address staffing arrangements.

Discussion with the domestic staff identified there was a vacancy on the domestic team. Staff explained they felt that the hours allocated to them per shift to attend to the cleaning and laundry was not sufficient. However, observation of the home's environment did not evidence that this was the case. Concerns raised by staff were discussed with the Manager who agreed to review this.

### 5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

One resident required the use of a pressure relieving mattress. Whilst there was evidence of the repositioning care recorded, the use of the mattress was not reflected in the care plan. This was discussed with the manager and an area for improvement was identified.

Care records accurately reflected the residents' needs and if required care staff consulted the District Nurse and followed the recommendations they made.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

There was evidence that residents' needs in relation to nutrition and the dining experience were being met. A review of the planned menus indicated a variety of meals on offer however some staff commented the food choices were repetitive. There was also a lack of options for one resident with specific food choices. This was discussed with the Manager and identified as an area for improvement.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment evidenced that the home was clean, tidy and well maintained. Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

A number of issues relating to infection prevention and control measures were identified. For example, in some bedrooms, boxes of incontinence products were observed to be stored on the floor and the pull cords in some of the toilets/bathrooms could be effectively cleaned. In addition there was a malodour evident in an identified bedroom and carpets in both lounges on first floor were found to be badly stained and required to be thoroughly cleaned or replaced. This was discussed with the Manager and areas for improvement were identified.

Two residents spoke of how their rooms were "kept tidy and clean".

In one identified communal area, a cleaning spray was found which could pose a hazard to residents. This was discussed with the Manager and an area for improvement was identified.



Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA). Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the Manager and records were kept.

#### **5.2.4 Quality of Life for Residents**

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could stay in their room, or visit the communal lounges.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Some residents spoke of “the lack of activities within the home.” Since the last inspection the home’s activity therapist had left and a recruitment process to appoint a new person was in progress.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

#### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection and Mrs Liza Lorimer has applied to register with RQIA.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Whilst there was evidence of fire drills within the home, not all staff in the home had attended a fire drill. This was identified as an area for improvement.

The fire policy for the home had not been reviewed since 2009. This was discussed with the Manager who explained that all policies were being updated currently.



Residents spoken with said that they knew how to report any concerns and said they were confident that the Manager would address issues if required. There was evidence that the Manager ensured that complaints were managed correctly and that good records were maintained.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the Manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

Staff commented positively about the Manager and described her as supportive and approachable.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These reports were available for review by residents, their representatives, the Trust and RQIA.

## **6.0 Conclusion**

Residents commented positively on their lived experience in the home. Staff engaged positively and respectfully with the residents. Staff spoke positively of the good relationships between themselves and management. The delivery of care was caring and compassionate.

Based on the inspection findings nine new areas for improvement were identified. Details can be found in the quality improvement plan included.

Based on the inspection findings and discussions held RQIA were satisfied that this service was providing safe and effective care in a caring and compassionate manner; and the service was well led by the Manager. Addressing the areas for improvement identified will further enhance this.

## 7.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (August 2011)**

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	4	*6

\*The total number of areas for improvement includes one which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Liza Lorimer, Manager and Theresa Nixon, Chair of the Board Kathryn Homes Ltd, as part of the inspection process. The timescales for completion commence from the date of 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 30  <b>Stated:</b> First  <b>To be completed by:</b> Immediate action required	The registered person shall ensure that RQIA are notified of all times that staffing levels do not meet planned levels.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> The Home Manager will ensure that the RQIA receive notifications in relation to staffing within the home if levels do not meet the planned levels in all departments.
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	The registered person shall ensure that the infection prevention and control issues identified on inspection are managed to manage the risk and spread of infection.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> Wipeable pastic tubing has been ordered for all pull cords and will be immediately installed throughout the home. Thorough touch point cleaning continues until installment.
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 27 (2)(l)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	The registered person shall ensure that Incontinence products are stored appropriately.  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> An appropriate room has been cleared for Incontinence products to be stored in.
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 14 (2)(a)(c)  <b>Stated:</b> First time <b>To be completed by:</b> Immediate action required	The registered person shall ensure that a system is put in place and monitored to ensure substances hazardous to the health of residents, such as cleaning spray, are safely stored in accordance with COSHH requirements.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> All staff within the home have completed additional COSHH training. The Home Manager and Housekeeper will ensure that items are safely stored as per COSHH guidelines and monitored during daily walk arounds.

<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 13  <b>Stated:</b> First time  <b>To be completed by:</b> 30 October 2020	The registered person shall ensure that effective arrangements are in place to provide consistent, person centred activities to residents.  Ref: 5.1
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 6.6  <b>Stated:</b> First time <b>To be completed by:</b> Immediate action required.	The registered person shall ensure that a system is implemented to ensure that residents care records are up to date and in sufficient detail to reflect each resident's current care needs. This is stated in regard but not limited to the repositioning care plans.  Ref 5.2.2
	<b>Response by registered person detailing the actions taken:</b> The care plan in question was updated on the day by Home Manager. District Nurse notes were also available that evidenced use of air flow mattress. The Home Manager will ensure that any updates are reflected in the care plan when undertaking care plan audits and reviews.
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	The registered person shall ensure any changes to the planned menus are recorded with the reasons for the changes documented and communicated to the manager. The menus should be reviewed to ensure choices are available for those residents with specific food choices. .  Ref: 5.2.2
	<b>Response by registered person detailing the actions taken:</b> A menu review has been completed and considerations incorporated for residents that have specific food choices. These specific choices will also be made available to every resident within the Home.
<b>Area for improvement 4</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	The registered person shall ensure the malodour in room 40 is addressed.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> The carpet in the room has been deep cleaned and monitored daily for detection of any further malodours.



<b>Area for improvement 5</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time  <b>To be completed by:</b> 1 January 2022	The registered person shall ensure the carpets in the lounges on the first floor are thoroughly cleaned or replaced. Ref 5.2.3  <b>Response by registered person detailing the actions taken:</b> The lounge on the first floor has been measured by Facilities Management and carpet ordered. The existing carpet has been thoroughly cleaned and will be monitored on daily walk arounds.
<b>Area for improvement 6</b>  <b>Ref:</b> Standard 29.6  <b>Stated:</b> First time  <b>To be completed by:</b> 1 January 2022	The registered person shall ensure a system is put in place to ensure that all staff complete a fire drill in the home, at least once a year  Ref 5.2.5  <b>Response by registered person detailing the actions taken:</b> A matrix is now in place to ensure all staff complete fire drills through out the year.

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



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