

Unannounced Care Inspection Report 16 and 18 September 2020



Glenabbey Manor

Type of Service: Residential Care Home (RCH)

**Address: 93 - 97 Church Road, Glengormley,
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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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care for up to 76 residents.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Gavin O’Hare Connolly	Registered Manager and date registered: Carol Shields, Registration Pending
Person in charge at the time of inspection: Liza Lorimer, deputy manager	Number of registered places: 76 A maximum of 48 residents in category RC-I; 19 accommodated on the Ground Floor and 29 accommodated on the Second Floor. A maximum of 28 residents in category RC-DE accommodated on the First Floor.
Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.	Number of residents accommodated in the residential home on the day of this inspection: 53

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

An inspection took place on 16 September 2020 between 09.45 and 17.10 hours and on 18 September 2020 between 09.50 and 16.20 hours.

The following areas were examined during the inspection:

- the internal environment
- infection prevention and control (IPC) practices including the use of personal protective equipment (PPE)
- staffing arrangements
- activities provision
- personal care to residents
- the nutritional management of residents including the dining experience of residents
- managerial oversight

Residents told us that they were happy and well cared for in Glenabbey Manor.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	3*

*The total number of areas for improvement includes one under the standards which is stated for a second time.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Liza Lorimer, deputy manager, and Caron McKay, Regional Operations Manager who were present on both days of the inspection. 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 registration status of the home
- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection
- the report and the returned QIP from the previous care inspection

During the inspection the inspector met with four residents individually and others in groups, one resident's relative, six care staff, the housekeeper, the chef and a kitchen assistant. Ten questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the deputy manager with 'Tell Us' cards which were placed in a prominent position to allow residents' relatives not present on the day of inspection the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rotas
- staff recruitment and induction
- staff training
- staff supervision and appraisal
- cleaning schedules
- a selection of quality assurance audits
- Regulation 29 monthly quality monitoring reports
- complaints and compliments
- incidents and accidents
- minutes of staff meetings
- activity planners
- two residents' care records

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met or not met.

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 previous inspections

The most recent inspection of the home was an unannounced care inspection undertaken on 30 April 2020. There were no new areas for improvement identified as a result of the last care inspection. Two areas for improvement carried forward from the inspection on 30 April 2020 were reviewed.

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 17.1	The registered person shall ensure that all complaints are fully documented in line with the company's policies and procedures and best practice.	Not met
	Action taken as confirmed during the inspection: Review of the record relating to one complaint established that it had not been fully documented in line with the company's policies and procedures and best practice. This area for improvement has not been met and is stated for a second time.	
Area for improvement 2 Ref: Standard 25.8	The registered person shall ensure that an agenda is prepared for each staff meeting and a system is put in place for the minutes of staff meetings to be shared with those staff who are not present.	Met
	Action taken as confirmed during the inspection: Review of the documents associated with staff meetings identified that this area for improvement was met.	

6.2 Inspection findings

6.2.1 The internal environment

We undertook an inspection of the home's environment. We looked at residents' bedrooms and en-suite bathrooms, accessible bathrooms, lounges, dining rooms, the catering kitchen and storage areas. We found that the home was clean, tidy and fresh smelling. Residents' bedrooms were tastefully decorated and personalised; communal lounges and dining areas were bright, spacious and comfortably furnished. We observed that corridors and fire exits were clear and unobstructed. The catering kitchen was well equipped and maintained to a high level of cleanliness.

We noted that several boxes of continence products were present in the room of a resident. We were advised by the deputy manager that storage arrangements throughout the home were under review as the home had to find space for additional supplies of PPE; it was agreed that any excess continence supplies should be removed from residents' rooms.

6.2.2 Infection prevention and control practices including the use of personal protective equipment

We saw that gloves and aprons were readily available for staff throughout the home and that there was a plentiful supply of PPE; staff also told us that there was no shortage of such equipment. We saw that staff wore masks, gloves and aprons appropriately. Staff told us that they had dedicated staff facilities to put on and take off PPE within the home.

We checked the hand sanitiser dispensers on each floor of the building and found that each was filled and operating correctly. Staff were able to tell us about how and when to effectively wash their hands as part of their care delivery to residents. We saw that staff washed their hands before and after coming into contact with residents. The deputy manager told us how the Care Team Leaders (CTLs) checked the supply of PPE on a daily basis and ensured that care staff wore their PPE appropriately. The deputy manager also audited hand hygiene practices across the full staff team on a weekly basis.

All staff and visitors to the home, including residents' relatives and professional staff, had their temperatures checked and were asked to complete a health questionnaire as part of ongoing Covid-19 precautions within the home. A dedicated member of staff was on hand each day to ensure that all precautions were taken when residents were receiving visitors. We saw how this operated and how the visiting area was thoroughly cleaned before and after each visit.

6.2.3 Staffing arrangements

We examined the recruitment files of three staff to ensure that robust recruitment and selection processes were in place. We found that the correct documents were in place, vetting checks were carried out and that satisfactory references were obtained. We noted that each member of staff completed a comprehensive induction and that there was a robust system in place to ensure that all staff were provided with mandatory training. Care and domestic staff told us that they had received an effective period of induction after commencing their roles within the home. Care staff told us that they had shadowed more experienced staff for several shifts before they worked unsupervised and that their colleagues were always available for guidance.

Staff told us that they attended a handover meeting before commencing their shift. In addition, there was usually a daily 'flash meeting' within the home attended by various senior staff on duty; this meeting took place in order to help prioritise tasks, identify any concerns and support good communication between all staff within all areas of the home. The deputy manager stated that in the absence of this daily meeting, she would complete a daily walk around of the home and spoke with the CTL on each floor to ensure that good communication was maintained.

Staff told us there was good team work within the home. Staff stated that they were well supported by both the manager and deputy manager. A member of staff described this support as "Brilliant, (they) are very approachable and supportive, always willing to help,...I love my job, but it was really tough during Covid, but we managed."

Another member of staff commented "I love my job. I feel the care is very good, all staff work well together...the chef is very good and produces lots of good food...the residents want for nothing."

We spoke with staff about their daily working and the care provided to residents. Staff consistently told us that the care was good, but that they felt more staff was needed to ensure safety and quality of care. Staff told us that the morning routine was the busiest part of the day as they assisted residents with their personal care, breakfast and medications.

Staff also told us that they did not always get their allocated break times due to the pressures of attending to residents' needs and if they did take breaks, these were often cut short as they were required to assist colleagues who were still attending to residents. Some staff told us that they felt limited in the time they could spend with residents.

We discussed staffing levels with senior management on 16 September 2020. We were advised on 17 September 2020 that the senior management team had completed a review of staffing in the mornings; a review of staffing during the remainder of the day would be completed. Management was in agreement that additional staff should be on duty on each floor of the home each morning. We were informed that arrangements were being put in place with immediate effect to provide this additional staff and that recruitment of more staff was ongoing.

This was identified as an area for improvement in regard to maintaining effective staffing levels at all times.

6.2.4 Activities provision

We were informed that two Wellbeing Leads are employed within the home and these staff are responsible for providing activities to residents, however, these staff had been absent for some weeks. Staff told us that in the absence of both Wellbeing Leads, there was currently limited provision for planned activities for residents. Over the two days of the inspection, we saw that although some activities were provided, there were prolonged periods when residents were offered limited stimulation or interesting and appropriate diversions. We identified this as an area for improvement.

6.2.5 Personal care to residents

We saw that residents were neatly presented in clean clothing with hair combed and fingernails clean. Residents interacted with staff in a relaxed and spontaneous manner. We saw that when a resident became upset, staff knew how to respond in order to support and comfort the resident in a compassionate way. Staff attended to residents' needs in a respectful manner and engaged in cheerful conversation.

We saw that call bells were answered promptly and that all staff, including domestic staff, used a friendly approach when engaging with residents.

6.2.6 The nutritional management of residents including the dining experience of residents

We inspected the catering kitchen and found it to be very clean and well supplied. We spoke with the cook who reported that there was good communication between care and kitchen staff with regard to any resident who may have weight loss; fortified diets and high calorie drinks were provided, as required. Three heated trolleys were used to deliver meals to each of the floors in the home and each trolley was thoroughly cleansed after use in accordance with infection prevention and control measures.

Breakfast was described by staff as a leisurely affair and there was no expectation that all residents would be present for a set time. In addition, two dining rooms were now used to allow for increased social distancing.

We observed the dining experience of residents at lunch and saw that the dining rooms were clean, bright and tables were attractively laid. Staff ensured that they worked with clean hands and wore aprons. There was a variety of food choices available and residents could choose from a range of hot and cold drinks. The food looked and smelled appetising and portion choices were good. Residents could avail of extra portions, if they wished.

Staff were able to describe residents' individual dietary choices and preferences and tell us if any resident needed a specific diet. Residents told us that they liked the food and always got plenty to eat and drink. A residents said "Look at this, this is a great plate of food!"

We discussed with staff about how they managed the nutritional needs and dining experience of any newly admitted residents who may have to isolate in their rooms as part of the current Covid-19 guidance. We noted that staff served meals to such residents within their bedroom.

We established that a resident had a Speech and Language Therapy (SALT) care plan setting out recommendations about the consistency of foods and fluids. The SALT care plan did not indicate whether the resident should be supervised while taking meals. We discussed this with the person in charge who immediately made arrangements to have this clarified. This was identified as an area for improvement.

6.2.7 Managerial oversight

There was a clear management structure within the home. The manager was on leave during the inspection and the deputy manager was available throughout the inspection process. All

staff commented positively about the manager and the deputy manager and described them as supportive, approachable and always available for guidance and support.

We examined records to see how the manager retained oversight of the home. We looked at staff recruitment records and saw that there were robust arrangements in place to ensure that each applicant was correctly vetted and safe to work in the home. Staff also completed a period of induction and this was recorded and signed by all relevant parties. We saw that there was a system to ensure that staff completed mandatory training. If training was about to go out of date, this was identified and staff were obliged to complete the training.

We spoke with staff about the arrangements for staff supervision and annual appraisal. Some staff told us that they had received supervision recently and that management was always on hand to provide guidance and support, if needed. The deputy manager told us that formal, planned staff supervisions and appraisals had been disrupted due to Covid-19 circumstances, but there were plans in place to ensure that these would be completed before the end of the current year.

There was a system of audits which covered areas such as accidents and incidents, complaints and compliments, nutrition, IPC, and falls. This helped to ensure that the manager had effective oversight of care delivery to residents. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

We examined the Regulation 29 monthly reports of visits by the registered provider for July 2020, August 2020 and September 2020. We saw that these covered all aspects of service provision and care delivery to residents. While the reports were generally completed in a detailed manner, we identified some parts of the reports which required attention; for instance, we saw within one monthly report that an analysis of accidents and incidents lacked detail regarding the period being considered.

Also, while the monitoring reports contained relevant and time bound action plans, we saw that one required action, which was incomplete, had not been carried forward to the next month. Such a deficit has the potential for actions to be missed and/or not correctly followed up. This was identified as an area for improvement.

6.2.8 Consultation with a resident's relative

We spoke with a relative of a resident who spoke in highly positive terms about the care provided within Glenabbey Manor. The resident's relative said "I am very happy with the care here. The staff are excellent. They let me know about everything that happens with (my relative), any changes, accidents, concerns about health and what they are doing about it. Staff keep up extremely high levels of infection prevention and control precautions. I work as (a senior healthcare professional) and I see how they do this. The staff work very hard to ensure my (relative) has everything and is happy here."

Areas of good practice

Good practice was found throughout the inspection in respect of infection prevention and control measures, the cleanliness of the home and the compassionate and person-centred approach exhibited by staff in their interactions with residents.

Areas for improvement

Areas for improvement were identified in relation to staffing, activities, the nutritional management of residents, and the completion of Regulation 29 monthly monitoring reports.

	Regulations	Standards
Total number of areas for improvement	2	2

6.3 Conclusion

Throughout the inspection we saw that environment of Glenabbey Manor was maintained to a high level of cleanliness; staff were observed adhering to correct infection prevention and control measures while providing compassionate care to residents.

Four areas for improvement were identified in regard to staffing levels, the provision of activities, the nutritional care of residents and completion of Regulation 29 monthly monitoring reports.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Liza Lorimer, deputy manager and Caron McKay, Regional Operations 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 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.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 20 (1) (a) Stated: First time To be completed by: Immediate and ongoing	<p>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.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: Staffing levels were reviewed and extra staff deployed where necessary, This will remain under review in line with dependencies and care needs and be adjusted accordingly</p>
Area for improvement 2 Ref: Regulation 29 (4) (b) (c) Stated: First time To be completed by: Immediate and ongoing	<p>The registered person shall ensure that the reports of the monthly monitoring visits by the registered provider include the following:</p> <ul style="list-style-type: none"> • the specific period reviewed for accidents and incidents • all actions partially or not fully completed carried forward to the next month <p>Ref: 6.2.7</p> <p>Response by registered person detailing the actions taken: Dates are now recorded by the internal inspector for the specific period reviewed. Actions are now carried forward to next month where necessary and rag rated to show completion, near completion or non compliance.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 17.1 Stated: Second time To be completed by: Immediate and ongoing	<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>Ref: 6.1</p> <p>Response by registered person detailing the actions taken: A review of the complaints has been undertaken and complaints are now signed off when outcome is acceptable to the person complaining. Updates are now recorded on the initial complaints form and details of any further action also recorded, in line with company policy and best practice</p>
Area for improvement 2 Ref: Standard 13	<p>The registered person shall ensure that effective arrangements are in place to provide consistent, person centred activities to residents.</p>

<p>Stated: First time</p>	<p>Ref: 6.2.4</p>
<p>To be completed by: 30 October 2020</p>	<p>Response by registered person detailing the actions taken: Recruitment is on going for 2 posts for Well Being Leads. Staff are currently allocated daily to ensure that there is a daily provision of activity within the home until a WBL is appointed, this is monitored by the Deputy Manager.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 12.10</p> <p>Stated: First time</p> <p>To be completed by: Immediate and ongoing</p>	<p>The registered person shall ensure the following:</p> <ul style="list-style-type: none"> • Speech and Language Therapy recommendations are clarified, where necessary • 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>Ref: 6.2.6</p>
	<p>Response by registered person detailing the actions taken: Once SALT recommendations are received by the Home, the care plans are reviewed and updated to reflect any changes. SALT team will record on their form when supervision is required there is a section for this on the SALT form for them to complete. This information will then be reflected in the residents individual care plan.</p>

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



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