

# Unannounced Care Inspection Report 19 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.rgia.org.uk](http://www.rgia.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 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 older people and for those people living with dementia. The residential care home will operate on the first and second floors of a three storey building. The first floor will accommodate 28 people with dementia. The second floor will accommodate 29 older people. A separate application has been made to RQIA to register the ground floor to provide nursing care.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Runwood Homes Ltd <b>Responsible Individual:</b> Gavin O'Hare-Connolly – acting	<b>Registered Manager:</b> Susan Marie Smith – Manager
<b>Person in charge at the time of inspection:</b> Rachel Casingal, Deputy Manager	<b>Date manager registered:</b> 14 July 2017
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category DE – Dementia	<b>Number of registered places:</b> 57

### 4.0 Inspection summary

An unannounced inspection took place on 19 August 2017 from 10.30 to 13.30.

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

As a result of serious concerns, in relation to the well-being of patients in a nursing home operated by Runwood Homes Ltd, a lay magistrate issued an order to cancel the registration of that home. This inspection was undertaken to provide an assurance that appropriate arrangements were in place for the safety and well-being of patients accommodated in Glenabbey Manor.

The following areas were examined during the inspection:

- management arrangements
- care delivery
- staffing arrangements
- equipment
- behaviours that challenge
- environment
- fire safety

Residents said that they enjoyed living in the home and that the staff were very good. A resident's representative said that they were very pleased with the care provided within the home.

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	2	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Rachel Casingal, Deputy Manager and Sue Smith, Manager, was also advised by telephone on 21 August 2017. The timescales for completion commence from the date of inspection.

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

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

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 1 August 2017. The report of this inspection was not yet issued to the home, hence actions detailed in the QIP will be reviewed at the next care 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: notifiable events since the previous care inspection and the previous care inspection report.

During the inspection the inspector met with four residents, three care assistants, one resident's representative and the deputy manager. No visiting professionals were present.

The following records were examined during the inspection: staff duty rota and care records of the seven residents accommodated.

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 1 August 2017

The most recent inspection of the home was an unannounced care inspection. This QIP will be validated by the care inspector at the next care inspection.

## 6.2 Review of areas for improvement from the last care inspection dated 1 August 2017

This inspection focused solely on issues previously outlined in section 4.0. The areas for improvement from the last care inspection on 1 August 2017 were not reviewed as part of the inspection and are carried forward to the next care inspection.

## 6.3 Inspection findings

### Management arrangements

The home's manager was not on duty at the time of inspection. A deputy manager was on duty. The deputy manager had not been provided with keys to access the manager's office, hence not all records were available for inspection. Action was required to ensure compliance with the regulations in this regard.

The deputy manager was able to describe the on-call arrangements for out of hours and the procedure for referring concerns to the trust adult safeguarding at weekends. There was no written guidance for other staff regarding the on-call arrangements and the safeguarding contact details were not available for staff.

The manager agreed to ensure that both contact details would be made available to care staff in the home.

### Care delivery

The deputy manager had an accurate knowledge of the care needs of all residents accommodated and how these needs were to be met. No difficulties were identified about the delivery of care. Residents were well presented, clean and tidy. An inspection of the care records for each resident identified that all personal care was detailed and that hygiene needs were met.

An inspection of the care records for each of the residents identified that falls were managed appropriately. Residents' family members, General Practitioners and the trust were informed, where applicable. Falls risk assessments and care plans were updated. In one instance, however, it was identified that RQIA had not received a notification of a fall. This was discussed with the manager who agreed to submit a retrospective notification of the accident. She also agreed to consult RQIA's guidance on reporting arrangements of accident/incident/notifiable events. Action was required to ensure compliance with the regulations.

Inspection of the care records identified that food and fluid intake was detailed daily for all residents. Weights were checked weekly and records had been retained. No issues were identified with regard to weight loss or the management of weight loss. The inspector observed the lunch time service and noted that the food was attractively presented. Residents reported that they enjoyed the food and that they had had plenty to eat and drink.

## **Staffing arrangements**

A review of the staff duty rota identified that there were sufficient staff in the home to meet the needs of residents during the day and at night. The deputy manager confirmed that there were adequate contingency plans in place to cover any short notice gaps in staffing. The home used a small number of agency staff and there was evidence that such agency staff were used regularly in the home. This ensured familiarity with the needs of residents and to provide consistency. The deputy manager confirmed that agency staff had been provided with an induction to the home.

## **Equipment**

An inspection of the premises identified that assistance call bells were operational. The deputy manager advised that maintenance staff in the home undertook a weekly check of all assistance bells and that any problems were immediately repaired. The home did not use pressure alarm mats for any residents currently accommodated, however, a supply of such mats was available.

## **Behaviours that challenge**

Staff in the home advised that no residents currently accommodated presented with behaviours which challenged. Staff confirmed that they had received training in this area of care and that additional training was available through the organisation's dementia trainer.

## **Environment**

An inspection of the premises identified that the home was clean, fresh-smelling and appropriately heated. The home remained decorated and furnished to a very high standard.

## **Fire safety**

A pre-registration inspection of the home was undertaken on 15 June 2017 and the area of fire safety was reviewed by RQIA's estates inspector. No issues were identified.

An inspection of the premises identified that fire doors were unobstructed.

A review of fire safety records during a recent inspection identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly. The inspection of care records identified that all residents had a Person Emergency Evacuation Plan (PEEPs) in place.

## **Areas of good practice**

Staff were aware of the organisational structure of the home and of the overall organisation. Staff were also aware of their roles, responsibility and accountability. Discussion with staff and observation of care practice demonstrated patients were treated with dignity and respect. There was evidence that patients were listened to and communicated appropriately. The home was clean and well maintained.

## Areas for improvement

Two areas of improvement were identified during the inspection. These related to access to records and to notification of accidents and incidents.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	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 Rachel Casingal, Deputy Manager, and Sue Smyth, Manager, by telephone on 21 August 2017. 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.

## Quality Improvement Plan

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

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 19. – (2) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 August 2017</p>	<p>The registered person shall ensure that suitable arrangements are put in place to make all records available for inspection in the home by RQIA.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> Managers and Administrators office keys are now held by the person in charge so that records can be accessed at any time as and when required.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 30.- (1) (d)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 August 2017</p>	<p>The registered person shall ensure that RQIA is notified of all accidents, incidents or events which adversely affects the care, health, welfare or safety of any resident.</p> <p>Ref: 6.3</p> <p><b>Response by registered person detailing the actions taken:</b> All notifiable incidents are reported as required. Supervisions complete with Deputies and Senior staff so that they are fully aware of what is reportable in line with DHSSPS 2015 Minimum Care Standards (Nursing Homes).</p>

Due to the focused nature of this inspection, as outlined in section 4.0 of this report, the areas for improvement from the previous care inspection will be carried forward for review at the next care inspection.

<b>Areas for improvement from the last care inspection</b>	
<b>Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 8.- (1) (a) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 1 August 2017	The registered person shall ensure that there are adequate management arrangements in place at all times.
	<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>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 20.- (1) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> 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.
	<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>
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 20.- (3)  <b>Stated:</b> First time  <b>To be completed by:</b> 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.
	<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>
<b>Area for improvement 4</b>  <b>Ref:</b> Regulation 21.- (1) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> 1 August 2017	The registered person shall ensure that all information outlined in Schedule 2 is available for staff before the commencement of employment.
	<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>

<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 25.6  <b>Stated:</b> First time  <b>To be completed by:</b> 1 August 2017	The registered person shall ensure that the staff duty rota is accurately maintained.
	<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>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 13.1  <b>Stated:</b> First time  <b>To be completed by:</b> 31 August 2017	The registered person shall ensure that there is a suitable programme of activities and events for residents.
	<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>

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



The Regulation and Quality Improvement Authority  
9th Floor  
Riverside Tower  
5 Lanyon Place  
BELFAST  
BT1 3BT

**Tel** 028 9051 7500  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)