

# Unannounced Enforcement Care Inspection Report 26 March 2018



## Glenabbey Manor

**Type of Service: Residential Care Home**

**Address: 93 - 97 Church Road, Glengormley, Newtownabbey,  
BT36 6HG**

**Tel No: 028 9084 3601**

**Inspectors: Alice McTavish and Jo Browne**

[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 people living with dementia.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Runwood Homes Ltd  <b>Responsible Individual:</b> Mr Gavin O'Hare-Connolly	<b>Registered Manager:</b> Rosemary Dilworth
<b>Person in charge at the time of inspection:</b> Rosemary Dilworth	<b>Date manager registered:</b> Rosemary Dilworth – acting, no application required
<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 26 March 2018 from 10.20 to 18.30.

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 sought to assess the level of compliance achieved in relation to three Failure to Comply (FTC) notices. The areas identified for improvement and compliance with the regulations were in relation to the following areas:

- Failure to notify RQIA of notifiable events under regulation 30
- Competency and capability assessments for staff left in charge of the home in the absence of the manager
- Visits by registered provider

The date of compliance with the notices was 27 March 2018.

The following Failure to Comply Notices and Notice of Proposal were issued on 27 February 2018:

**FTC Ref: FTC/RCH/020215/2017-18/01**  
**FTC/RCH/020215/2017-18/02**  
**FTC/RCH/020215/2017-18/03**

**NOP Ref: NOP/020215/2017-18/01**

Evidence was available to validate compliance with the Failure to Comply Notices.

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>	2	1

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Rosemary Dilworth, 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.

#### 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 13 and 14 February 2018.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the three Failure to Comply Notices issued on 27 February 2018.

During the inspection the inspectors met with seven residents, one member of care staff, the deputy manager, the manager and four residents' representatives.

The following records were examined during the inspection:

- Electronic daily alerts sent to the manager
- Notification log of accidents and incidents
- Monthly falls report
- Competency and capability records
- A report of the visit by the registered provider
- Care plans of five residents
- Complaints records

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 13 and 14 February 2018**

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 13 and 14 February 2018**

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 19.- (1) (3) <b>Stated:</b> First time	The registered person shall ensure that all areas stated in the body of the report relating to care records are satisfactorily addressed.	<b>Carried forward to the next care inspection</b>
	<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>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 35.1 <b>Stated:</b> First time	The registered person shall ensure all items in linen store are kept off the floor in line with IPC guidelines.	<b>Carried forward to the next care inspection</b>
	<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>	

This inspection focused solely on issues previously outlined in section 4.0. The areas for improvement from the last care inspection on 13 and 14 February 2018 were not reviewed as part of the inspection and are carried forward to the next care inspection.

## 6.3 Inspection findings

**FTC Ref:** FTC/RCH/020215/2017-18/01

### **Notice of Failure to Comply with regulation 30 of The Residential Care Homes Regulations (Northern Ireland) 2005**

#### **Notification of death, illness and other events**

##### **30.–**

- (1) The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of –
- (c) any serious injury to a resident in the home;
  - (d) any event in the home which adversely affects the care, health, welfare or safety of any resident;
  - (f) any accident in the home;

In relation to this notice the following actions were required to comply with this regulation –

- the amended electronic daily alert sent to the manager must be amended to identify occasions on which RQIA must be notified of accidents and incidents; this must be cross referenced against other systems used in the home to provide robust governance

Inspection of documentation established that the electronic daily alert received by the manager had been updated to identify occasions when RQIA must be notified of accidents and incidents, in line with Regulation 30. A notification log was in place which included all incidents/accidents and the action taken by the management of the home. This was used by inspectors to cross reference the incidents/accidents to notifications received by RQIA.

The system had been sufficiently developed to provide assurance regarding the governance arrangements in the home and to enable RQIA to have a regulatory oversight in relation to safe and effective care.

Evidence was available to validate compliance with the Failure to Comply Notice.

**FTC Ref:** FTC/RCH/020215/2017-18/02

### **Notice of Failure to Comply with regulation 20 of The Residential Care Homes Regulations (Northern Ireland) 2005**

#### **Staffing**

##### **20.–**

- (3) The registered manager shall carry out a competency and a capability assessment with any person who is given the responsibility of being in charge of the home for any period of time in his absence.

In relation to this notice the following actions were required to comply with this regulation -

- all care staff who may be given the responsibility of being in charge of the home in the absence of the manager must have an assessment of competency and capability completed before they are left in charge of the home
- the competency and capability records must be held in the home and available for inspection at all times
- all care staff are supplied with appropriate access to the home's electronic recording system to allow them to make contemporaneous records of the care delivered to residents

It was established that the competency and capability records were held in the home and were available for inspection. Inspection of the records confirmed that all care staff who may be given the responsibility of being in charge of the home in the absence of the manager had competency and capability assessments completed.

Inspection of staff training records and discussion with the manager confirmed that all care staff had received training in the use of the electronic care records system. The manager stated the electronic care records were being re-developed to incorporate a social care model to better meet the needs of a residential residents. Evidence was provided that staff and had been given access to the system appropriate to their individual roles and responsibilities.

Evidence was available to validate compliance with the Failure to Comply Notice.

**FTC Ref:** FTC/RCH/020215/2017-18/03

### **Notice of Failure to Comply with regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005**

#### **Visits by registered provider**

#### **29.-**

(4) The person carrying out the visit shall –

- (a) interview, with their consent and in private, such of the residents and their representatives and persons working at the home as appears necessary in order to form an opinion of the standard of provided in the home;
- (b) inspect the premises of the home, its record of events and records of any complaints; and
- (c) prepare a written report on the conduct of the home.

In relation to this notice the following actions were required to comply with this regulation -

- the report template of the monthly monitoring visit by the registered provider is amended to state accurately whether the report is a final version
- the reports are prefaced with a legislative background referring to the appropriate Regulations and Standards applicable to residential care homes
- the reports should include sufficient detail to provide assurances of adequate managerial oversight across all areas of governance; this will allow the provider to critically analyse relevant data to review and improve care practices in the home

Examination of the report of the visit by the registered provider for February 2018 established that the report template had been amended to include that it was the final version and the inaccurate preface in relation to the regulations and standards was removed.

The report included sufficient detail to provide assurances of adequate managerial oversight across all areas of governance. A RAG (Red, Amber, Green) system was in place to ensure that all actions arising were addressed. The responsible individual outlined arrangements in place and discussed how any issues identified during the visits by the registered provider was escalated to board level within the organisation.

The revised reports and discussion with the management of the home provided assurance that the governance arrangements had up improved within the home.

Evidence was available to validate compliance with the Failure to Comply Notice.

### 6.3 Other areas inspected

#### Resident's views

The inspectors spoke with a resident at length who advised of his dissatisfaction with some areas of the service provided by the home, namely with the breakfast service and his mattress. The resident also acknowledged that the manager had taken the time to speak with him about these concerns.

The concerns were raised with the manager and appropriate action was taken immediately to address them.

Another resident spoken with during the inspection made the following comments:

- “This place is great. There is always plenty of staff around. I like the food and we get plenty of it. The staff are lovely. If I need anything they are with me as quick as lightening! They are always asking me if I'm ok or if I need anything. I don't need any help with getting washed or dressed and I sleep very well at night but I know that I can always use my call bell if I need anything. Ideally I would like to be in my own home but I know that I can't, so this place is the next best thing – it's better than any hotel!”

#### Occupational therapy and falls management

The manager described changes which had been introduced since the last care inspection. The occupational therapist (OT) arranged ad hoc meetings with individual staff and with staff teams to embed staff awareness of falls prevention and post falls management. The OT was also completing a Train the Trainer course which would equip her to provide training to the care staff team in moving and handling techniques. The manager advised that the analysis of accidents and incidents indicated that falls in the home had reduced in March 2018.



## Communication

The manager reported that communication was improved in the home through the introduction of flash meetings. These meetings were attended by representatives of the different departments of the home, for example, management, care, catering, maintenance and laundry staff and were found to be beneficial. Meetings were also taking place for residents and their representatives to seek their views on menus, activities and other areas of interest. Advice was provided on how the minutes of such meetings should reflect any action arising, staff accountable for addressing the action plan and the timeframes for completion.

## Activities

An activities co-ordinator had commenced work in the home; the co-ordinator had arranged to meet with residents and their representatives to establish choices and preferences for activities and to plan for such activities. Inspectors observed how a large group of residents actively participated in a bowls competition in a lounge and evidently derived a great deal of pleasure from this. Residents, their representatives and care staff who spoke with the inspectors reported that the provision of activities had greatly improved and there was now a much livelier atmosphere within the home.

## Relatives' views

Inspectors met at length with the family of a resident who described concerns about staff response to illness, assistance to maintain good oral hygiene, laundry arrangements, hydration and activities offered in the home.

The concerns raised by the family were shared with the manager. The manager gave assurances that these issues would be discussed with the family and all practicable steps would be taken to address concerns to the satisfaction of the resident's family.

Other residents' representatives spoken with during the inspection made the following comments:

- "We are very happy with the care here. The staff have got to know (my relative) and his ways. He prefers to eat alone and the staff have arranged this. We are made to feel welcome to visit at all times. We feel the staff are very attentive and they are always visible. My (relative) is happy in his surroundings and we have no complaints. We are looking forward to attending the dementia meeting."
- "We notice that staff are able to spend time with (our relative), helping him to look through his photograph albums and talking about the pictures. The staff are very kind and we are happy with the care provided in the home."

## Care records

A review of the care records of one identified resident identified that a cardiac condition, diet controlled diabetes and the use of a fortified diet were not noted. The use of a pressure alarm mat was not consistently recorded within the daily progress notes, the care plan and the risk assessment for the resident. It was also noted, however, that there was some excellent practice with regard to the quality of care planning and recording. Inspectors advised using the examples of good practice as an aid to guide other staff on how to complete care records. Action was required to ensure compliance with the regulations in regard to care records.

The manager advised that she had already met with most of the residents and their representatives as part of a process to meet with them all. This would help to ensure that residents and their representatives were aware of the care needs, care plans and risk assessments and that information was accurate. The meetings would also give residents and families the opportunity to discuss individual preferences and choices with regard to the delivery of care. The manager gave assurances that all revised information would be updated on the home's electronic recording system in keeping with the organisation's commitment to improving all aspects of communication.

The manager further advised that plans were in place to ensure that there would be greater consistency of care staff on each floor of the home. This would allow staff to become more familiar with the individual care needs of residents and to more quickly identify and act on any changes in residents' conditions or uncharacteristic behaviours; this should contribute towards an improvement in the quality of recording and reporting.

The manager and the responsible person described changes being made to the electronic care records to make them more suitable to a social care model and more effectively document the needs of the individual residents. The revised system had been completed by the IT consultancy company and all staff had received training prior to the planned implementation date. The manager advised that all care records would be reviewed and updated when transferring to the revised system.

### Complaints

The manager advised that a number of complaints were received since recent media interest in Glenabbey Manor. The complaints had not yet been recorded on the correct template but a suitable template, setting out the full process of complaints management, was available and would be used.

The manager advised that all complainants had been offered the opportunity to meet with the management of the home and discuss their concerns face to face.

### Areas for improvement

An area for improvement was identified in relation to care records.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	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 Rosemary Dilworth, 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.

## 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>Ref: Regulation 19.- (1) (3)</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2018</p>	<p>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.</p> <p>Ref: 6.2</p>
	<p><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></p> <p>Full review of the electronic system completed and now reflects the social care model and residential guidelines. care reviews with families and residents on-going to review and rewrite care plans</p>

<p><b>Area for improvement 2</b></p> <p>Ref: Regulation 16.- (2) (b)</p> <p>Stated: First time</p> <p>To be completed by: 29 June 2018</p>	<p>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.</p> <p>Ref: 6.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Meeting took place with CTM informing them to ensure that care documentation is updated and reflective of the residents needs. care reviews took place with families and this information is being updated on the system.</p> <p>2 staff members are now trained as champions within the home to provide support and training to other members of the CTM.</p>

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

<p><b>Area for improvement 1</b></p> <p>Ref: Standard 35.1</p> <p>Stated: First time</p> <p>To be completed by: 27 March 2018</p>	<p>The registered person shall ensure all items in linen store are kept off the floor in line with IPC guidelines.</p> <p>Ref: 6.2</p>
	<p><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></p>

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



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