

Unannounced Care Inspection Report

28 June 2018



Glenabbey Manor

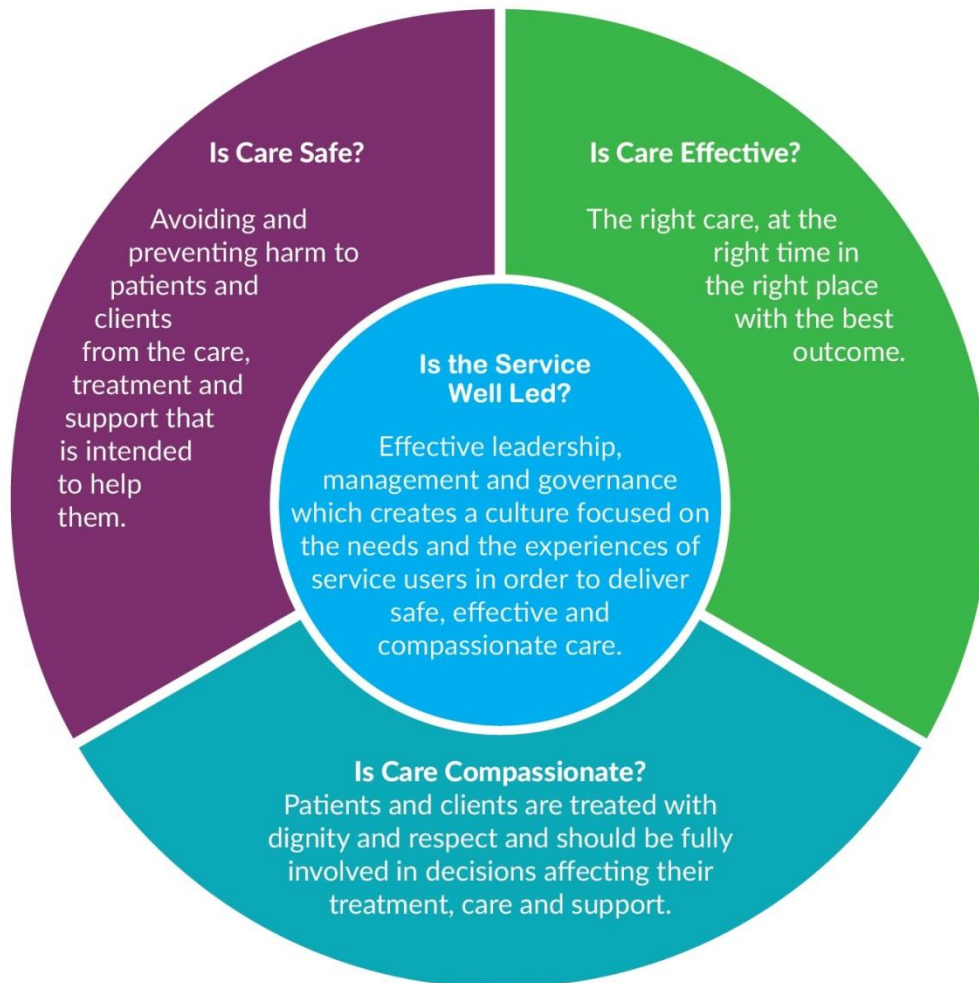
Type of Service: Residential Care Home
**Address: 93 - 97 Church Road, Glengormley,
Newtownabbey, BT36 6HG**
Tel No: 028 9084 3601
Inspector: Alice McTavish

www.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.

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 or people living with dementia.

3.0 Service details

Organisation/Registered Provider: Runwood Homes Ltd Responsible Individual: Gavin O'Hare-Connolly	Registered Manager: Julie Beacom
Person in charge at the time of inspection: Julie Beacom	Date manager registered: Julie Beacom - application received - "registration pending".
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Number of registered places: 57

4.0 Inspection summary

An unannounced care inspection took place on 28 June 2018 from 07.50 to 19.55.

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

Evidence of good practice was found in relation to staff recruitment, training and supervision, adult safeguarding, risk management, the home's environment, audits and reviews, listening to and valuing residents and governance arrangements.

Areas requiring improvement were identified. These related to care records, infection prevention and control (IPC), the staff duty rota and the system of retaining records of agency staff profiles and inductions.

Residents and their representatives said that the care provided in the home was good and that staff treated residents well.

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	1	3

Details of the Quality Improvement Plan (QIP) were discussed with Julie Beacom, Manager and with Rosemary Dilworth, Regional Manager by telephone after the inspection. 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 11 May 2018.

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 reports, the returned QIPs, notifiable events and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the manager and the regional manager, two residents, four Care Team Leaders (CTMs), six care assistants and one visiting professional. A lay assessor was present during the inspection to speak with residents and their representatives regarding their experiences of living in and visiting the home. The lay assessor met with six residents and three residents' representatives. Comments received are included within this report.

A total of ten questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. Eight questionnaires were returned by residents and residents' representatives. No questionnaires were returned from staff within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Three staff files
- Care files of four residents
- The home's Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews, environment, Infection Prevention and Control (IPC), NISCC registration
- Equipment maintenance records
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings
- Reports of visits by the registered provider

- Legionella risk assessment
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, etc.
- Programme of activities
- Policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially 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 the most recent inspection dated 11 May 2018

The most recent inspection of the home was an unannounced care inspection. The areas for improvement identified during the inspection dated 13 and 14 February 2018 and 26 March 2018 were carried forward to this inspection.

6.2 Review of areas for improvement from the last care inspection dated 11 May 2018, carried forward from 13 and 14 February 2018 and 26 March 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 19. – (1) (3) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Inspection of care records confirmed that all areas stated in the body of the report dated 13 and 14 February 2018 relating to care records were satisfactorily addressed.	

Area for improvement 1 Ref: Regulation 16.- (2) (b) Stated: First time	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.	Partially met
	Action taken as confirmed during the inspection: Inspection of care records for the identified residents established that these had been reviewed, but only partially updated to reflect the identified needs. Elements of this area for improvement are therefore stated for the second time.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 35.1 Stated: First time	The registered person shall ensure all items in linen store are kept off the floor in line with IPC guidelines.	Not met
	Action taken as confirmed during the inspection: Inspection of the linen stores identified that some items had been placed on the floor. This area for improvement is therefore stated for the second time.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Agency staff were used in the home. The manager stated that the use of temporary staff did not prevent residents from receiving continuity of care. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff, although some residents who spoke with the lay assessor described the staffing levels as being "adequate" and noted that the activities co-ordinator had recently not been available. In discussion with the manager it was established that the activities co-ordinator was on sick leave but that another member of staff would commence in this role on 4 July 2018. It was planned that two staff would be designated to provide activities in future.

The inspector observed the staff shift handovers, one in the morning shift and one in the evening shift. On both occasions the staff duty rota reflected the details and shift times of the staff coming on and off duty. It was noted, however, that when two Care Team Managers (CTMs) were on duty in the absence of the registered manager, the duty rotas did not specify which staff member was in charge of the home. Action was required to ensure compliance with the standards in relation to the duty rota.

A review of completed induction records and discussion with the manager evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. The inspector spoke with a CTM, employed through an agency, who confirmed that she had been provided with a full induction for her current role. Another CTM reported that he had previously worked in the home as a CTM before leaving. He was in the process of completing a further induction after recently returning to employment in the home. This staff member was supernumerary during his induction. The CTM indicated that the levels of staffing in the home had much improved since he had previously worked in the home.

It was noted that the records relating to agency staff containing staff profiles and completed programmes of induction records were in some disarray; the records could not easily evidence that each agency staff member had received an induction. Action was required to ensure compliance with the standards in relation to the system of retaining records of agency staff profiles and inductions.

Discussion with staff confirmed that mandatory training and supervision of staff was regularly provided. Schedules of staff training and supervision were reviewed. The manager confirmed that none of the current staff had reached a year in employment since the home opened in 2017 and that annual appraisals of staff would be arranged in due course. The manager also advised that arrangements were being put in place for deputy managers, CTMs and other senior care staff to be provided with training in supervision so that direct supervision of care staff could be devolved.

The manager advised that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager. Staff competency and capability assessments were reviewed and found to be satisfactory.

A review of the recruitment and selection policy and procedure during a previous care inspection confirmed that it complied with current legislation and best practice. Discussion with the 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.

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.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy was reviewed during a previous care inspection which confirmed that it was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Staff were knowledgeable and had a good understanding of adult safeguarding principles and had an awareness of child protection issues. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The manager advised that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

The policy and procedure on restrictive practice/behaviours which challenge was reviewed during a previous care inspection and was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

The manager advised there were restrictive practices within the home, notably the use of keypad entry systems at the front door, at lifts, at stairwells and at entrances to ancillary areas. Pressure alarm mats were used for some residents who may be at risk of harm if leaving their beds unobserved by staff. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Systems were in place to make referrals to the multi-professional team in relation to behaviour management when required. The manager described how behaviour management plans were devised by specialist behaviour management teams from the Trust and would be regularly updated and reviewed as necessary. The manager was aware that if individual restraint was employed, RQIA and appropriate persons/bodies must be informed.

The Infection Prevention and Control (IPC) policy and procedure was reviewed during a previous care inspection and found to be in line with regional guidelines. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

IPC compliance audits were undertaken and action plans developed to address any deficits noted.

The manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the Trust and RQIA with appropriate records retained.

The manager reported that staff in the home were aware of the "Falls Prevention Toolkit" and were using this guidance to improve post falls management within the home. Inspection of the monthly falls report evidenced that the number of falls had reduced. This was largely attributed to the occupational therapist (OT) employed by the organisation who reviewed all falls in the home and arranged meetings with individual staff and staff teams to embed staff awareness of falls prevention and post falls management. The OT also held exercise classes for residents to help improve strength and balance.

Audits of accidents/falls were undertaken on monthly basis and analysed for themes and trends; an action plan was developed to minimise the risk where possible. Referral was made to the trust falls team in line with best practice guidance.

A general inspection of the home was undertaken. All communal areas and residents' bedrooms were found to be decorated and equipped to a very high standard. Bedrooms were individualised with photographs, memorabilia and personal items. The home was fresh-smelling and clean. On the day of inspection the weather was extremely warm. Staff had received the Hot Weather Plan published by the Department of Health (DoH) in relation to keeping residents safe and protected. Staff were able to describe how the plan had been implemented in the home and it was observed that every effort had been made to ensure the comfort of residents.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. No malodours were detected in the home.

A visitor who spoke with the lay assessor reported that having the chairs chained to the tables in the garden area restricted the ability to move chairs, especially in good weather when residents and visitors may wish to reposition seating under sun canopies. The reason for having heavy garden seats attached to tables was to prevent residents, who may display distressed behaviour, from moving such furniture towards the railings and climbing over these. This was later discussed with the regional manager who agreed to review the seating in the garden area.

The manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), fire safety etc.

The home had an up to date Legionella risk assessment in place dated 4 May 2018 and all recommendations were being addressed.

The manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary; the organisation's head office forwarded any relevant alerts to the home manager.

A review of the Lifting Operations and Lifting Equipment Regulations (LOLER) records and discussion with the manager confirmed that safety maintenance records were up to date.

The home's fire risk assessment was dated 12 June 2017. The manager advised that a new fire risk assessment was arranged for 29 June 2018.

A review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis, most recently on 20 May 2018. The records included the staff who participated and any learning outcomes. Fire safety records identified that fire alarm systems were tested weekly and all services and equipment were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place and these were updated on a weekly basis.

Eight completed questionnaires were returned to RQIA from residents and residents' representatives. Respondents described their level of satisfaction with this aspect of care as satisfied or very satisfied.

Comments received from residents and residents' representatives were as follows:

- "My (relative) is happy so I am happy. What more can I ask?"
- "I am very happy with the care my (relative) is getting. Manager very approachable and staff always willing to help."
- "Very dignified care delivery."
- "Generally very good (care). I know the team is working hard."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training, supervision, adult safeguarding, infection prevention and control, risk management and the home's environment.

Areas for improvement

Two areas for improvement were identified during the inspection. These related to the staff duty rota and to the system of retaining records of agency staff inductions.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

Discussion with the manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

There was a records management policy in place which included the arrangements for the creation, storage, maintenance and disposal of records. The records were maintained on an electronic system and any hard copies supplied to the home before admission were stored safely and securely in line with General Data Protection Regulation (GDPR).

A review of the care records of four residents confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. falls, skin care, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative.

Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. The lay assessor observed the dining experience of one resident who chose to take lunch separate from the other residents. A member of staff assisted the resident in an appropriately supportive manner which preserved the dignity of the resident. This represented good practice.

The manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents, complaints, environment (including mattresses and cushions) and IPC were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the reports of the visits by the registered provider.

The manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, residents' meetings, residents' representative meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident meetings were reviewed during the inspection. Observation of practice evidenced that staff were able to communicate effectively with residents.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The manager reported that arrangements were in place, in line with the legislation, to support and advocate for residents.

Eight completed questionnaires were returned to RQIA from residents and residents' representatives. Respondents described their level of satisfaction with this aspect of care as satisfied or very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews and communication between residents, staff and other interested parties.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

A range of policies and procedures was in place which supported the delivery of compassionate care.

The manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and how confidentiality was protected.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. Menus and the activity programme, for example, were displayed in large print.

Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them.

There were arrangements in place to conduct an annual resident consultation, about the quality of care and environment, after the home has been open for one year and annually thereafter.

The findings from the consultation would be collated into a summary report and action plan which would be made available for residents and other interested parties to read.

Discussion with staff, residents, and/or their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities.

Residents who spoke with the lay assessor made the following comments:

- “All the staff treat me well, they are friendly and helpful. I like it here...I like the food and I get plenty to eat. When I first came here to live, the staff used to get me up and washed very early and I didn't like that. I let them know, and now they help me to get up, get my daily shower and get dressed later and this suits me better. I don't need the staff to come and help me during the day, but I notice that if other people use the alarm bell, staff come to them quickly.”
- “I'm very happy with the care here.”
- “The home is very clean and well kept. The food is all right. The staff are friendly and kind and they take the time to chat and notice if I'm out of sorts. I think there's not enough to do in the afternoons. Once I pressed the alarm call accidentally and it took quite a long time for the staff to come to me.”
- “There are great people here.”
- “The food is very good. There is really lovely staff who would do anything for you.”

Residents who spoke with the inspector made the following comments:

- “I find that all the staff treat me well. They are all very helpful and I like it here. I like the food and I get plenty to eat. At first the staff used to waken me early in the morning, but I didn't like it. Now I get up later and the staff help me to get a shower and I prefer this. The staff are good at going to people quickly if they ring their bells for help.”
- “I'm happy with the care here. The staff are very good to me.”

Comments received by the inspector from a visiting professional were as follows:

- “I am here regularly and can say that I think the care here is fabulous! I see how the staff engage with the residents, how they entertain them, how they speak with them and how they treat them. I can also say that the system of communication between staff in the home and my service is extremely good. The staff are very tuned in to the needs of the residents and they make sure that the systems in place for the residents to get the correct medications works well. I can see a great improvement since the new manager came into post.”

Eight completed questionnaires were returned to RQIA from residents and residents' representatives. Respondents described their level of satisfaction with this aspect of care as satisfied or very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The manager outlined the management arrangements and governance systems in place within the home and advised that the needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The manager advised that policies and procedures would be systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and DoH guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide. Residents who spoke with the inspector confirmed that they knew who to approach if they had concerns or complaints. RQIA's complaint poster was available and displayed in the home.

A review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. The manager advised that the documentation was in the process of being further revised to more fully capture details of complaints management.

Arrangements were in place to share information about complaints and compliments e.g. thank you letters and cards with staff; staff who spoke with the inspector confirmed this. A monthly audit of complaints was used to identify trends, drive quality improvement and to enhance service provision.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents and incidents confirmed that, with the exception of two, all events were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. In relation to the two events not reported to RQIA, the trust and residents' next of kin had been appropriately informed.

RQIA wrote to the organisation requiring that a root cause analysis was completed in respect of the non-reporting of these two events. A review of the root cause analysis report found that it provided sufficient assurances of a comprehensive investigation, a robust action plan to address any identified deficiencies and learning which would be shared across the organisation. This area will be examined in detail at the next care inspection.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

The manager advised that there was a system to share learning from a range of sources including complaints, incidents, training; feedback was integrated into practice and contributed to continuous quality improvement. Any issues which had been previously identified in relation to the system of electronic recording had been rectified; two members of staff were nominated as champions in the use of the electronic system and additional training was provided to all care staff. There had also been further training provided in Person Centred Care.

Discussion with the manager confirmed that information in regard to current best practice guidelines was made available to staff, for example, staff had identified that residents experienced hearing loss and specialist training was provided. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, fluids and nutrition, dementia awareness.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was 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.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The manager stated that the registered provider was kept informed regarding the day to day running of the home through telephone calls, emails and visits to the home.

The manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with several staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. In discussion with other staff, however, it was identified that a recent proposed change to working shift patterns had caused concern amongst some members of the staff team. Staff described how a lack of support for staff and poor communication from management had resulted in poor morale. The inspector raised this with the regional manager and was later provided with a written account of how this issue had been managed and resolved.

Eight completed questionnaires were returned to RQIA from residents and residents' representatives. Respondents described their level of satisfaction with this aspect of care as satisfied or very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and quality improvement.

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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Julie Beacom, Manager, and with Rosemary Dilworth, Regional Manager by telephone after the inspection. 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	
Area for improvement 1 Ref: Regulation 16.- (2) (b) Stated: Second time To be completed by: 31 August 2018	<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: 6.2</p> <p>Response by registered person detailing the actions taken: A full review of care documentation has been completed, and remains a focus to ensure that the records are reflective of the residents identified needs. Also a working group has been set up to review all residential care documentation and a decision has been made by the Chief Operating Officer today to implement paper records into Glenabbey with a 7 day turn round, lead by the home manager and reviewed by the ROD.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 35.1 Stated: Second time To be completed by: 31 August 2018	<p>The registered person shall ensure that all items in the linen store are kept off the floor in line with IPC guidelines.</p> <p>Ref: 6.2</p> <p>Response by registered person detailing the actions taken: This is to inspected on a daily basis by a designatated person, notices have also been placed in each store room. it has also been discussed at staff meetings.</p>
Area for improvement 2 Ref: Standard 25.6 Stated: First time To be completed by: 31 August 2018	<p>The registered person shall ensure that the Care Team Manager duty rota specifies which staff member is in charge of the home in the absence of the registered manager.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: This is now reflective and checked weekly by the home manager.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 20.20</p> <p>Stated: First time</p> <p>To be completed by: 31 August 2018</p>	<p>The registered person shall ensure a robust system is maintained to evidence that all agency staff are provided with a full induction to the home and that the induction records are matched with the profiles of agency staff.</p> <p>Ref: 6.4</p> <hr/> <p>Response by registered person detailing the actions taken: This is now in place, copies of blank inductions are now placed in the off duty for staff to complete in the absence of the manager and the home manager will review these to ensure compliance..</p>
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