



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report

28 October 2019



Glenabbey Manor

Type of Service: Residential Care Home

**Address: 93 - 97 Church Road, Glengormley, Newtownabbey
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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 registered residential care home which provides 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: Carol Shields	Number of registered places: Total number 76 comprising: 29 – RC - I 47 – RC - DE
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia	Total number of residents in the residential care home on the day of this inspection: 66

4.0 Inspection summary

An unannounced inspection took place on 28 October 2019 from 09.20 to 18.30 hours.

The inspection 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 staffing, staff recruitment, induction, training, supervision and appraisal, the home's environment, care records, the provision of activities, privacy and dignity afforded to residents. Further good practice was evident in relation to the availability of the manager to residents, their families and staff and to the governance arrangements in the home.

Three areas requiring improvement were identified. These were in relation to infection prevention and control, managing complaints and staff team meetings.

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with other residents and with staff.

Comments received from residents, people who visit them and staff during and after the inspection are included in the main body of this report.

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	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Carol Shields, manager and Caron McKay, Regional Operations Director. 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 inspection dated 12 February 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 12 February 2019. No further actions were required to be taken following the most recent inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the report of the previous inspection, registration information and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

No questionnaires were returned by residents, their relatives or staff.

A lay assessor was present during this inspection. A lay assessor is a member of the public who will bring their own experience, fresh insight and a public focus to our inspections. Comments received by the lay assessor are included within this report.

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

- staff duty rotas from 27 October to 23 November 2019
- staff training compliance records

- two staff recruitment and induction records
- three residents' records of care
- complaint records
- compliment records
- governance audits/records
- accident/incident records from 1 October 2019
- reports of visits by the registered provider from August to October 2019
- RQIA registration certificate

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 last care inspection dated 12 February 2019

There were no areas for improvement made as a result of the last care inspection.

6.2 Inspection findings

6.3 Is care safe?

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

The people who live in this home said that they felt safe. They said that there was always staff around to help them if they needed help, and that this included during the night. The manager and staff on duty confirmed that staffing was safe and kept under review. There was care staff; activities co-ordinators; and laundry, kitchen, domestic, administrative and maintenance staff on duty during the day and care staff in the evenings and overnight.

Staffing and recruitment

We could see that the duty rota accurately reflected all of the staff working within the home; all care staff who were to be on duty were present and were carrying out their duties. Staff told us that agency care staff were now used only rarely and that the staff team worked together to cover any unplanned and short notice absences by colleagues, including domestic or laundry staff.

We could see that there was enough staff in the home to quickly answer any requests by residents for help, to assist with care when needed and to provide residents with a range of activities.

We looked at staff files to make sure that staff were properly recruited and that all pre-employment checks had been made. All staff were properly vetted and suitable to work with the residents in the home.

Staff induction, supervision, appraisal and competency

We spoke with staff who told us that they had a good induction to working in the home and that they received supervision. We saw that the manager had a system in place for planning supervisions and annual appraisals with staff.

All senior care staff had an assessment of their competency and capability to ensure that they can take charge of the home. The manager reported that this was reviewed every year to ensure that it was always current. She advised that she would also review it if the member of staff was returning from a long term absence, for example, after sickness or maternity leave. This represents good practice.

Staff training and registration with professional body

We looked at the training records to make sure that staff had been given the core training they needed to do their jobs safely. We could see that staff either had the training, or if it was out of date, there was a plan in place for staff to get the training.

Staff told us that they received mandatory training and they were registered with their professional body, the Northern Ireland Social Care Council (NISCC). Registration with NISCC is necessary to ensure that social care staff are safe practitioners and adhere to standards of conduct and practice. We looked at the records kept by the manager of staff registrations and saw that they were checked monthly.

Safeguarding residents from harm

The manager was able to describe how residents in the home were protected from abuse or harm. The home had a policy and procedure which was in keeping with current regional adult safeguarding guidance. The home had a safeguarding champion.

Staff who we spoke with were able to describe what they might look out for if a resident was being abused or harmed. They were aware of the need to report all suspected abuse and keep accurate records. Staff told us that their training helped them feel confident about what they should do in such situations.

Staff were also familiar with the home's whistleblowing policy and were able to describe what they should do if they witnessed poor practice by colleagues; staff reported that their first obligation was to the safety of the residents and that they felt confident about reporting such poor practice.

The manager was able to describe how safeguarding referrals would be made to trusts, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

Environment

We walked around the home and saw that it was in very good decorative state and it was kept clean, warm and tidy. There were communal lounges and dining rooms for the use of residents on each floor along with space for activities and meetings. We saw that all fire exits were free from obstruction and furniture in bedrooms and communal areas was in good repair. Bedrooms had an en-suite bathrooms and these contained personal belongings. There were no malodours. Residents told us that they liked their rooms and felt they had their own space and privacy.

Restrictions

The manager told us that she makes sure that residents living in Glenabbey Manor enjoyed as much freedom as possible whilst remaining safe and some restrictions were necessary to achieve this.

Residents who were safe to leave the home alone or with family could exit the building freely as they were given the codes for keypadded doors. For those residents who were not safe to leave the home, keypads were used on doors and at passenger lifts. For residents who may be at risk of falling, pressure alarm mats were used to alert staff if residents had left their beds or seats. When we looked at care records for residents we saw that any restrictions were appropriately documented.

Infection prevention and control (IPC)

The manager told us about the arrangements in place to make sure that the home was kept clean and free, as far as possible, from any outbreaks of infection. We could see from training records that all staff had received training in IPC in line with their roles and responsibilities. Staff told us how they used gloves and aprons to keep their hands and clothing clean to reduce the risk of spreading infection. We noted, however, that the supply of gloves, aprons and hand sanitiser had not been replenished in some areas of the home. Action was required to ensure compliance with the Standards.

Areas of good practice

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

Areas for improvement

One area was identified for improvement. This was in relation to the provision of protective clothing and equipment.

	Regulations	Standards
Total numb of areas for improvement	0	1

6.4 Is care effective?

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

We could see that the residents were getting the right care and that the staff knew the residents well. Staff were able to describe in detail the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

Management of risks relating to residents

The manager described a robust assessment and admissions process before residents could be admitted to Glenabbey Manor. When risks were identified and assessed, a plan was put in place to meet the care needs of the resident and to reduce any risks. If, for example, a resident has dementia, this might include the use of a locked external door. The manager described how there was good working relationships between professionals, staff and families and how this contributed to the care of the residents in the home.

The manager told us about falls management in the home and we were assured that the procedure and practice was good. The manager completed an audit of accidents or incidents in the home each month which included falls. This looked for any patterns or trends and considered actions to reduce the likelihood of further falls. The manager and staff were aware of how they could get professional advice from medical or trust staff, if necessary, and we saw evidence this this was used to good effect.

The manager told us about how any resident who might be at risk of choking was referred to a speech and language therapist for specialist advice. The advice was shared with care staff and the latest guidance for preparing food and fluids at the correct consistency was available. If any resident was at risk of losing weight, they were referred to a dietician and were weighed regularly.

Care records

The care records for residents were kept securely on an electronic system and this ensured that they were confidential. The records were written in a professional manner and used language which was respectful of residents.

There was a care plan in place and appropriate risk assessments; staff kept detailed daily notes of the care provided. We saw how a care review was completed with the resident, their family, care staff and staff from the Trust each year. We also saw evidence that the care records were checked regularly to make sure that they were accurate and up to date.

The dining experience

We could see that the dining rooms were spacious, clean and bright. There was a menu on display setting out the choice of two hot dishes on the lunch and dinner menus. We saw that the catering kitchen was well equipped and kept very clean.

We spoke with staff who told us that all food was made fresh on the premises and this included all baked items. Staff were able to describe in detail the dietary needs and preferences of

residents, including those who needed additional support with food and fluids. Staff advised that they had completed training in the preparation and use of textured foods and thickeners for fluids as recommended by a Speech and Language Therapist.

We saw that there were very relaxed lunch and dinner services. Staff told us that residents could choose to take meals in their own room and this was facilitated by staff. Most of the residents we spoke with said that they enjoyed the food in the home; one resident expressed dissatisfaction that a specific food was not made in the home. This was later discussed with the manager who advised that she was already aware of this issue and that work was in progress to supply a particular favourite dish for this resident.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, audits and reviews and communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents laughing, singing and dancing with staff. Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to by staff.

We could see that residents' wishes, interests and preferences were reflected in care records, for example, there was information about what activities each resident would like to do and residents' daily routines were recorded. We also saw that the care records noted preferences such as what time residents liked to get up or go to bed and whether they liked to be checked during the night. Staff told us that the residents' routines depended on what they wanted to do and that the staff took a flexible approach.

We could see that staff could communicate well with any residents who had a sensory disability and with those who may sometimes be confused and in need of additional reassurance or support.

Activities

Staff told us about the wide range of activities available. There were two members of staff, known as wellbeing leads, who specialised in making sure that each resident had access to meaningful pastimes, hobbies, crafts or outings. Staff also told us how there was a group of

volunteers, all of whom were properly vetted, who came to the home to help with a variety of activities, especially in the evenings. We saw that there was a good supply of resources for activities, including a small snooker table which was used for the men's club which met regularly. This proactive engagement with the community by staff had resulted in better supports to the home from church groups and a regular church service had resumed.

On the day of the inspection we saw that residents were engaged in sing-a-longs, dancing, karaoke and jigsaws. A programme of available activities was displayed. Residents said that they enjoyed the activities on offer.

Resident involvement

We looked at the minutes of residents' meetings and could see that this gave residents an opportunity to discuss any issues and to make suggestions about what they would like. The manager told us that these meetings took place regularly and that there was also a separate meeting for family members. We saw that a resident survey had been completed for catering and this gave another opportunity for residents to express their views on the provision of food in the home.

Staff reported that the manager was always available to speak with any residents or their family members if they wished to discuss any issues or concerns and that she was always visible in the home. The manager advised that, as her office was located off the main reception area, she was often approached by relatives and that she viewed this as an essential aspect of good communication and engagement.

Residents made the following comments:

- "The staff here are the best."
- "I'm very happy here. I get lots of visits from my family."
- "Everything is good here...I don't like doing the activities that are on, but I like listening to my radio...the food is good here."
- "The staff here are excellent...we couldn't do without them."

Residents' relatives told us:

- "They (staff) know what the residents want before they ask."
- "The home is spotless."
- "We are very happy with our (relative) living here."
- "I have found the staff to be kind and helpful."

We spoke with a member of staff who said, "I think the care here is very good. We know the residents well, their quirks and their personalities. We try to give residents the very best of care...there's good activities now, always something going on."

We spoke with a visiting professional who said, "The staff are great, nothing's too much trouble for them, I couldn't fault them... they are very approachable and helpful and have a great attitude."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing residents and their relatives 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

6.6 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.

Staff in the home said that they got good support from their manager who was helpful and approachable. A member of care staff said, "Our manager is very good manager, very approachable. If I go to her, even if she is doing something else, she will be me her full attention. The communication is much better now and the manager is very visible, always on the floor doing checks and available for residents, families and staff." Another member of staff said, "(The manager) is brilliant, she's made such a change to this home, her door is always open and she gets things done." Another member of care staff said, "I thought (the last manager) was good, but (our manager now) is even better! The management team is approachable and supportive and I am still happy working here."

The manager described the staff team as being committed, dedicated and reliable with a focus on delivering a high quality of care to residents.

Managerial oversight

The manager described how she spent time completing checks on each floor to make sure that the care delivered to the residents by the staff was good; this also allowed her to get to know the residents well.

The manager also spent time completing managerial tasks to make sure she was satisfied that the home ran well. The manager completed audits of such areas as accidents and incidents, complaints and compliments and staff registrations with their professional body.

The manager described how she looked for ways in which the systems used in the home could be improved. An example of this was the reporting of accidents and incidents. All events were recorded by staff on the electronic system and a copy was sent to the manager each day. The manager then followed up on how each event was managed, if necessary, or if any further action was needed; she also ensured that all relevant parties were correctly notified of the event. This system made it easier to have robust managerial oversight of such events.

The manager made sure that staff were properly supported to do their jobs through providing regular supervision, appraisal and training. The manager made sure, too, that all of the systems are in place to ensure the safety of the home, for example, that all fire checks are completed.

Complaints and Compliments

The manager dealt with any complaints raised by residents or their family members. We looked at the records of complaints since the last inspection and saw that some of these had not been fully documented in line with the company's policies and procedures and best practice. Action was required to ensure that all complaints are correctly managed to comply with the Standards.

Residents' relatives told us that they knew how to make a complaint and staff told us that they would not hesitate to raise issues with the manager, if needed. A member of staff said, "I wouldn't hesitate to go to the manager if I saw anything wrong."

The manager also shared compliments received from residents, their families and professionals as this is important for staff morale and learning. Examples of recent compliments are:

- "We appreciate all you did for our (relative) during her stay. It was a great relief to know she was in good hands."
- "To everyone who took care of (our relative), for your compassion and love I cannot thank you all enough."
- "Thank you to all the staff for all the care and attention you gave to (our relative)."

Additional training

The manager and staff told us that there was training provided for areas not part of the mandatory training. We looked at the training records and saw that staff had been trained in the Mental Capacity Act which was due to come into force in Northern Ireland in December 2019. Staff had also received training in Deprivation of Liberties Safeguards, equality and diversity and fluids and nutrition.

Communication

The manager made sure that there were regular staff meetings and that information was shared with the staff team about any issues arising. She also made sure that any best practice guidance, for example, the International Dysphagia Diet Standardisation Initiative (IDDSI), was shared with the staff team and was used in the home for the benefit of residents.

We looked at the minutes of staff meetings and saw that these were held regularly. We found, however, that an agenda was not prepared for staff meetings and there was no system for the minutes of staff meetings to be shared with those staff who were not present. Action was required to ensure compliance with the Standards in this regard.

Visits by the registered provider

The responsible individual was present for part of the inspection. Mr O'Hare-Connolly described how he ensured that the home was well organised and managed. There was a clear management structure throughout the organisation.

The home was visited by a representative of the registered provider each month and all aspects of the running of the home were reviewed, analysed and evaluated. We looked at the reports of the visits in August, September and October 2019 and found that these were comprehensive. The reports showed evidence of how the provider engaged with residents, their families and staff to get their views on the care in the home; the provider also checked that audits and reports were properly managed and shared, where necessary. Where any improvements could be made, these were documented in a way that they could be tracked until they had been satisfactorily completed.

Areas of good practice

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

Areas for improvement

Two areas were identified for improvement. These were in relation to the management of complaints and to staff meetings.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Carol Shields, manager and Caron McKay, Regional Operations Director 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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 28.7 Stated: First time To be completed by: 30 October 2019	<p>The registered person shall ensure that there is a system in place to provide staff with gloves, aprons and hand sanitiser to prevent risk of harm, injury or infection to themselves or others.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: A review of stock and supplies has been made and the home always has an adequate stock and supplies of PPE available. Weekly order is received every Tuesday and there now is a surplus kept within the home for emergencies.</p>
Area for improvement 2 Ref: Standard 17.1 Stated: First time To be completed by: 30 October 2019	<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: 6.6</p> <p>Response by registered person detailing the actions taken: Home manager will ensure that complaints are fully documented and responded to as per company policy and procedures.</p>
Area for improvement 3 Ref: Standard 25.8 Stated: First time To be completed by: 30 October 2019	<p>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.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: Put in place - staff meeting on 3rd Decemeber 2019 - agenda and minutes diseminated in staff areas. Home manager will ensure that this process is continued.</p>

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



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