



The **Regulation** and
Quality Improvement
Authority

Unannounced Follow-up Care Inspection Report 12 February 2019



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 & Kate Maguire

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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 that provides care for up to 57 people living with old age or 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: 28 September 2018
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 inspection took place on 12 February 2019 from 10.20 to 13.30.

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

RQIA was contacted by another body to advise that they had received information from a source relating to a variety of issues in the home. The source did not wish to be identified to RQIA. We contacted representatives of the Northern HSC Trust to share the information received and to agree a plan of action.

It is not the remit of RQIA to investigate complaints/ adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The following areas were examined during the inspection:

- Tour of premises
- Dining experience and meal record
- Observations of interactions with staff
- Meeting residents and their relatives
- Care record of falls and wound care
- Referrals to other professionals
- Access to bedrooms
- Staffing arrangements
- Discussion with the registered manager

4.1 Inspection outcome

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Julie Beacom, Registered Manager and Caron McKay, Regional Manager.

4.2 Action/enforcement taken following the most recent medicines management inspection

Other than those actions detailed in the QIP, no further actions were required to be taken following the most recent inspection on 3 September 2018

5.0 How we inspect

During the inspection the inspector met with a number of residents, the registered manager, staff and two residents' relatives.

The following records were examined during the inspection:

- Care records of two residents
- Monthly falls audits
- Staff duty rota
- Induction records and profiles of agency staff

The previous QIP was also reviewed.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 3 September 2018

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was approved by the pharmacist inspector.

6.2 Review of areas for improvement from the last care inspection dated 28 June 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 16.- (2) (b) Stated: Second 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.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that the care records for all residents are regularly reviewed and updated to ensure that they are reflective of residents' identified needs. Inspection of the care records of two residents established that these were comprehensive and up to date.	
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: Second time	The registered person shall ensure that all items in the linen store are kept off the floor in line with IPC guidelines.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager confirmed that new shelving had been provided in the linen stores and that the housekeeper checked the stores on a daily basis to ensure that all linen was stored in line with Infection Prevention and Control (IPC) guidelines. This area was also checked via the weekly Head of Department meetings.	
Area for improvement 2 Ref: Standard 25.6 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of the Care Team Manager duty rota confirmed that this now specified which staff member was in charge of the home in the absence of the registered manager.	

Area for improvement 3 Ref: Standard 20.20 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and inspection of agency staff records confirmed that a robust system was in place to evidence that agency staff were provided with a full induction and that the induction records were matched with the profiles of agency staff.	

6.3 Inspection findings

The inspectors were aware of a recent outbreak of influenza in the home; no new cases had been identified since the previous Friday.

The inspectors were offered a tour of the home and were impressed with the quality of the environment and the décor and furnishings. All residents have their own en-suite bedroom and have a choice of holding the key to their own bedrooms. Residents cannot be locked in their bedrooms as there is a thumb lock which allows the door to be opened from the inside. One resident chooses to lock her door but, if necessary, staff can enter the room should they need to. We were assured that attending to the residents' care needs does not happen behind locked doors and there was no evidence of this occurring.

A review of records demonstrated that wound care was managed well. Any concerns regarding skin viability are reported to the appropriate people including residents' general practitioners (GPs) and community nursing. One resident had been admitted to hospital and a referral had been made to the trust safeguarding team in line with policy and procedures.

The registered manager was asked how the residents' GPs are contacted or referrals made. She confirmed that GPs are only to be contacted on agreement by management or senior staff. This was introduced as GPs indicated to the registered manager that they felt they were being contacted out of hours too often when staff could have waited until the morning. Management reported that this procedure was working well and GPs have offered positive feedback. However, we were assured that in the event of an emergency an ambulance, not a GP, would be called.

Good practice was identified in the management of falls. The registered manager is alerted to all falls after they happen regardless if she is on duty or not. A monthly audit is also undertaken by the registered manager to identify any emerging trends or patterns. For example, a resident did have a number of falls; this resident's care plan was updated and equipment to reduce risk of falling was obtained. Any falls are also reported during handover of shift.

The registered manager advised inspectors that the staffing levels in the home were sufficient to meet the needs of the residents. This was evidenced by the inspector who visited the unit. There were two Care Team Managers and three care assistants on duty. Tasks were completed without being rushed or hurried; and residents appeared to have their needs met

appropriately and without delay. There was a good rapport between residents and staff and interactions were observed to be kind, courteous and respectful.

The dining experience

The inspector asked if she could join the residents for lunch. At around 12.30 residents were prompted that lunch was about to be served. Where assistance with mobility was required staff attended to this whilst other residents casually made their way to the dining room. The tables were beautifully presented and, on arrival to the table, residents were asked what type of drink they preferred.

From a large mobile server, the hot meals ordered by the residents were served. Residents were offered a choice of beef mince or chicken pie, all served with a wide range of freshly prepared potatoes and vegetables. Staff checked if residents still wanted what they ordered or if they preferred the other option. Modified diets were catered for and staff were aware of those residents who required a modified diet, needed assistance or encouragement to eat their meal. The cook came into the dining room and got instant feedback from the residents if they enjoyed their meal. This is obviously a frequent occurrence as one lady at the table said, "She always has a lovely smile on her face every time you see her."

Following the main meal a dessert of rice pudding and fruit was offered and this was well received. Lunch finished with a tea or coffee as residents began to make their way at a leisurely pace from the dining room.

Staff and management confirmed that they do not maintain records on what each resident eats as this would be too intrusive in a residential setting. They would maintain food records if there were particular concerns i.e. unexplained weight loss. This is in keeping with normal residential practice.

Views of residents and their relatives

On the day of the inspection one of the inspectors sat in the lounge chatting to residents in small groups and individually. Also in the lounge was a number of visitors/relatives. The atmosphere in the lounge was very pleasant, informal and relaxed. The inspector spoke with residents who all expressed very positive views of living in the home:

- "This is a lovely home, sure look at those views."
- "The staff are very good to us."
- "The food is great."
- "I have only been here a few months and I have met some lovely people."

A small group of male residents sat together in a bay window area. They had formed a group of friendships and it was clear that they got on well and enjoyed sitting together.

The inspector spoke to a relative who said she was a frequent visitor to the home. She spoke in glowing terms about the home and of the care from the staff. She said that the staff could not do enough for their relative and that he was very settled in the home. She said that she had relatives in other homes but that Glenabbey Manor was the best of all of them. She added that she was always made to feel welcome and could visit her relative when she wished. The inspector asked if she had a concern, who would she go to: she said she would go to the senior on charge or more than likely the manager who she described as very good and always available.

The inspector also spoke with two other visitors who were visiting the same relative. They explained that they visit the home on alternate days and were always made to feel very welcome. They said that their relative was also looking well-groomed when they visited. They said that coming to the decision to place their relative was very difficult for them but they have been reassured that they made the right decision due to the care their relative has received since coming to Glenabbey Manor. They explained that they have a great relationship with the manager who they described as very approachable and always has the time to talk. They said they would recommend the home to others.

No areas for improvement were identified during the inspection.

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included as part of this inspection report.



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