

Inspection Report

14 November 2021



Glendun Residential Home

Type of Service: Residential Care Home
Address: 67 Knocknacarry Road, Cushendun, Antrim, BT44 0NS
Tel no: 028 2176 1222

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Glendun Nursing Home Ltd	Registered Manager: Mrs Katrina Mary O'Hara
Registered Person: Mr David Leo Morgan	Date registered: 21 December 2018
Person in charge at the time of inspection: Ms Marguerite McMullan, senior care assistant then joined by Mrs Katrina O'Hara from 10.30am	Number of registered places: 15
Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. LD – Learning disability. PH – Physical disability other than sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 11
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 15 residents. Residents' bedrooms are on the first floor with access to this via stairs or a passenger lift. There are shared communal lounges and dining room. There is a Nursing Home which occupies the first and second floors and the registered manager for this home manages both services.	

2.0 Inspection summary

This unannounced inspection was conducted on 14 November 2021, from 9.45am to 1.50pm by a care inspector.

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

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the manager/management team.

It was evident that staff promoted the dignity and well-being of residents.

Residents said that living in the home was a good experience and described staff as being kind, caring and attentive.

RQIA were assured that the delivery of care and service provided in Glendun Residential Home was safe, effective, compassionate and that the home was well led.

One area of improvement was identified during this inspection. This was in relation to care planning.

The findings of this report will provide the manager/management team with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

4.0 What people told us about the service

Residents stated that they were happy and content with their life in the home and that staff were supportive, kind and caring. One resident made the following comment; "They (the staff) are all lovely and the food is very good. I'd have no complaints here at all. I am very happy".

Staff spoke positively about the care provided in Glendun Residential Home describing the care as good with supportive management and good team working.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 18 January 2021		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 31 Stated: First time	The registered person shall closely monitor the completion of medicine administration records to ensure these are fully and accurately maintained.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 2 Ref: Standard 25.6 Stated: First time	The registered person shall ensure a full and accurate record is kept of staff working over a 24-hour period and the capacity in which they worked.	Met
	Action taken as confirmed during the inspection: The duty rota was maintained appropriately.	
Area for improvement 3 Ref: Standard 19.2 Stated: First time	The registered person shall ensure that before making an offer of employment, any gaps in an employment record are explored and explanations recorded.	Met
	Action taken as confirmed during the inspection: These areas are explored and accounted for during the recruitment of staff.	

Area for improvement 4 Ref: Standard 6.2 Stated: First time	<p>The registered person shall ensure that an individual detailed care plan is in place regarding the management of epilepsy.</p> <hr/> <p>Action taken as confirmed during the inspection: This care plan was revised and updated appropriately.</p>	Met
Area for improvement 5 Ref: Standard 5.2 Stated: First time	<p>The registered person shall ensure that resident's care records include comprehensive details of:</p> <ul style="list-style-type: none"> • The resident's social, emotional and psychological needs • Information about the resident's life history and current situation • How this information about the resident's lifestyle is used to plan and deliver care. <hr/> <p>Action taken as confirmed during the inspection: These details were included in two of the three care records reviewed. However one care record had sparse detail in terms of the above three areas, which would be pertinent in helping staff get to know the resident and help deliver care.</p> <p>This area of improvement has been stated as a requirement.</p>	
Area for improvement 6 Ref: Standard 16.1 Stated: First time	<p>The registered person shall ensure that the home's policies and procedures on adult safeguarding and restraint are in accordance with legislation, DHSSPS guidance, regional protocols and local procedures issued by Health and Social Care Boards and Trusts.</p> <hr/> <p>Action taken as confirmed during the inspection: These policies and procedures were reviewed appropriately.</p>	Met

Area for improvement 7 Ref: Standard 20.10 Stated: First time	Working practices are systematically audited to ensure they are consistent with the home's documented policies and procedures and action is taken when necessary.	Met
	Action taken as confirmed during the inspection: A good system of audits has been put in place.	
Area for improvement 8 Ref: Standard 20.11 Stated: First time	Written records of monthly monitoring reports clearly state any actions taken by the registered person or the registered manager to address any deficits identified.	Met
	Action taken as confirmed during the inspection: Monthly monitoring reports clearly accounted the findings of the visits and corresponding actions.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A review of a staff member's recruitment records confirmed that these procedures were in accordance with legislation and standards.

All staff working in the home were provided an induction appropriate to their roles and duties. There were systems in place to ensure staff were trained and supported to do their jobs. Review of records showed that training comprised of a range of relevant and mandatory topics, with the majority of courses provided for on an eLearning platform and courses with practical elements delivered face to face.

Staff said that they felt they were adequately trained to perform their roles and duties.

Review of records provided assurances that all staff were registered with the Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored by the manager on a monthly basis.

Any member of staff who have responsibility of being in charge of the home in the absence of the manager has a competency and capability assessment in place to account for this responsibility.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Residents told us that they were satisfied with the delivery of care and the kindness and support received from staff. Some comments made, included the following statements; “The staff are all very good and kind. I am being cared for very well here” and “They (the staff) are all lovely and the food is very good. I’d have no complaints here at all. I am very happy”.

Staff were seen to attend to residents’ needs in a timely manner and to maintain residents’ dignity by offering personal care discreetly. Residents were offered choices throughout the day, for example, from where and how they wished to spend their time and what activity they wished to engage in.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents’ needs and any early signs of request for assistance. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs. Staff interactions with residents were observed to be friendly, polite, warm and supportive. Staff were seen to seek residents’ consent when delivering care with statements such as: “Would you like to...” or “Can I help you with...” and to knock resident’s bedroom doors to seek permission on entry.

Residents’ needs were assessed at the time of their pre admission to the home. During this stage care plans were developed in consultation with the resident, their next of kin and their aligned named worker to direct staff on how to meet residents’ needs. Added to this any advice or directions by other healthcare professionals is included in the assessment and care plans. One resident’s care record lacked detail on their social, emotional and psychological needs, information about the resident’s life history and current situation and corresponding detail of any prescribed care interventions. Advice was given in respect of this and an area of improvement was made in relation to this.

Residents’ care records were held safely and confidentially.

Resident areas were free from clutter and trip hazards. Those residents who were at risk from falls had care plans in place.

Records confirmed that in the event of a resident falling, post falls protocol was followed and there was evidence that staff took appropriate action. There was evidence of appropriate onward referral, where required, such as Occupational Therapy or the HSC Trust’s falls prevention team. Following a fall, relevant persons such as the resident’s next of kin, their aligned named worker and where appropriate RQIA, were informed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents.

There was a choice of meals offered and facilitated in a manner which aided residents’ understanding. There was also a variety of drinks available. The dinner time meal was appetising and nicely presented. One resident made the following comment; “I feel spoilt here. The dinners are lovely, plenty to eat and good choice”.

Records were also kept of what residents had to eat and drink daily.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that it was dated and tired in many areas and was in need of a planned redecoration and refurbishment. This had been identified in the monthly monitoring visits and the registered person, who called in at the time of this inspection, said that plans would be put in place to address this. Residents' bedrooms were comfortable and nicely personalised. Communal areas were clean and tidy; and comfortable. Bathrooms and toilets were clean and hygienic.

The home's most recent fire safety risk assessment was dated 16 March 2021. Corresponding evidence was recorded to confirm that recommendations made from this assessment had been addressed. Fire safety training and fire safety drills were maintained on an up-to-date basis as were fire safety checks in the environment.

Appropriate precautions and protective measures were in place to manage the risk of infection. The home is participating in the regional testing arrangements for residents and staff and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of Personal Protective Equipment had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health guidance.

Staff reported that they followed a detailed schedule of daily cleaning and that all points which were frequently touched by residents or staff were cleaned daily.

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff.

Residents said that they were able to choose how they spent their day; they could get up or go to bed when they wished, wear what they wanted and spend time in their own rooms or in the lounges. Two residents made the following comments; "It's awfully good here. I am glad I am here in such a place." and "All's grand. This is a lovely peaceful place. I have no worries here at all".

The spiritual well-being of residents was facilitated at the time of this inspection with a Mass service being live streamed into one of the communal lounges.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls to their loved ones. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

The genre of music and choice of television programmes played in the home was appropriate to residents' preferences and this helped create the nice atmosphere in the home.

5.2.5 Management and Governance Arrangements

There has been no change in the management arrangements in the home since the last inspection. Mrs Katrina O'Hara has been appointed the registered manager of the home since 12 December 2018. She was on a day off during this inspection but choose to come into the home to assist with the inspection process.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff stated that they would have no hesitation in reporting a concern to the manager.

The home was visited each month by a representative of the responsible individual to examine all areas of the running of the home. The reports of these visits were very well maintained and completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

A system of quality assurance audits was in place in the home to help the manager monitor care delivery and drive any necessary improvements. Where areas for improvement were identified, action plans were in place with associated timeframes for completion and recorded as when completed.

An inspection of the record of complaints together with discussions with the manager and staff confirmed that expressions of dissatisfaction were taken seriously and managed appropriately.

An inspection of accident and incident records found that these were managed and monitored on a monthly basis. The monthly analysis was used by the manager to identify any learning for staff.

Staff commented positively about the manager and described them as supportive, approachable and always available for guidance.

6.0 Conclusion

Residents were seen to be well cared for and gave positive feedback on all aspects of their life in the home. Care duties and tasks were unhurried and organised. There was a nice rapport between staff and residents and interactions were kind and supportive.

Staff spoke positively about the managerial support in the home, their workload, teamwork and morale.

One new area of improvement was identified and is outlined within the Quality Improvement Plan in Section 7.0.

7.0 Quality Improvement Plan/Areas for Improvement

One area of improvement has been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005.

	Regulations	Standards
Total number of Areas for Improvement	1	1*

* The total number of areas for improvement includes one which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Katrina O'Hara, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 16(1) Stated: First time To be completed by: 14 December 2021	The registered person shall ensure that the identified care records and any other resident's care records going forward are recorded in comprehensive detail. Particularly in reference to; residents' social, emotional and psychological needs, life history information and current situation and corresponding detail of any prescribed care interventions. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: The above has been addressed with care records going forward recorded in comprehensive details
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 31 Stated: First time To be completed by: 14 April 2019	The registered person shall closely monitor the completion of medicine administration records to ensure these are fully and accurately maintained. Ref: 5.1
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care