

Unannounced Care Inspection Report 18 January 2021



Glendun Residential Home

Type of Service: Residential Care Home (RCH)

**Address: 67 Knocknacarry Road, Cushendun
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Inspectors: Marie-Claire Quinn and Michael Lavelle

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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 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 residential care home registered to provide residential care for up to 16 residents. There is a nursing home in the same building which is registered to provide nursing care for up to 30 patients.

3.0 Service details

Organisation/Registered Provider: Glendun Nursing Home Ltd Responsible Individual(s): David Leo Morgan	Registered Manager and date registered: Katrina Mary O'Hara 21 December 2018
Person in charge at the time of inspection: Katrina Mary O'Hara	Number of registered places: 16 There shall be a maximum of 2 identified residents in category RC-DE and a maximum of 1 identified resident in category RC-LD.
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 home on the day of this inspection: 13

4.0 Inspection summary

An unannounced care inspection took place on 18 January 2021 from 10.40 hours to 16.40 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan and the following areas were examined during the inspection:

- staffing
- care delivery
- care records
- environment/infection prevention and control (IPC) measures
- leadership and governance.

Residents said they were happy living in the home.

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.

The term 'residents' is used to describe those living in Glendun Residential Home which provides both nursing and residential care.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	*9

The areas for improvement include one standard which was identified at the last medicines management inspection; this was not reviewed and is carried forward to the next medicines management inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Katrina Mary O'Hara, manager, David Morgan, responsible individual and Claire Burke, nurse in charge, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

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.

A number of questionnaires and 'Tell Us' cards were left in the home, for residents and/or their relatives to provide additional feedback following the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. No responses were received at the time of writing this report.

The following records were examined during the inspection:

- staff duty rota for the weeks commencing 11 January 2021 and 18 January 2021
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)

- care records for three residents
- accident and incident records from December 2019 to January 2020
- two staff recruitment and induction files
- record of complaints and compliments
- records of audit
- adult safeguarding policy
- environmental and equipment cleaning records
- staff supervision planner
- monthly monitoring reports for the period August 2020 to December 2020.

Areas for improvement identified at the last care inspection were reviewed and an assessment of compliance recorded as met. One area for improvement identified at the last medicines management inspection was not reviewed and is carried forward to the next medicines management inspection.

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 previous inspections

Areas for improvement from the last care inspection on 3 March 2020		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard: Best Practice Guidelines Stated: Second time To be completed by: 29 February 2020	The registered person shall undertake a review and implement individual staff supervision model which provides staff with the necessary support and guidance in accordance with current best practice.	Met
	Action taken as confirmed during the inspection: A supervision schedule was in place ensuring that all staff were offered the minimum of twice yearly supervision. A robust supervision template was also now in place, including an action plan for any issues identified. This area for improvement is met.	
Area for improvement 2 Ref: Standard 20.11 Stated: First time	The registered person shall ensure that monthly monitoring reports only detail the main findings of unannounced quality monitoring visits in relation to Glendun Residential Home.	Met

To be completed by: 3 March 2020	Action taken as confirmed during the inspection: Review of monthly monitoring report confirmed that the reports now clearly identify findings in relation to the residential home. As stated, this area for improvement is met.	
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Areas for improvement from the last medicines management inspection 14 March 2019		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
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.	Carried forward to the next medicines management inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	

6.2 Inspection findings

6.2.1 Staffing

Discussion with the manager confirmed the planned daily staffing levels for the home and that these levels were subject to regular review to ensure the assessed needs of the residents were met.

Observation of the delivery of care evidenced that residents' needs were met promptly by the staff on duty. Residents and care staff we spoke with expressed no concerns regarding staffing levels in the home.

A review of the duty rota for weeks commencing 11 January 2021 and 18 January 2021 evidenced that the planned staffing levels were adhered to. The staff duty rota did not include the full names of staff working in the home and we were unable to evidence that some changes to the rota had been approved and signed off by management. An area for improvement was made.

Review of two staff recruitment files identified deficits in relation to staff recruitment. Although both files had an employment history, they did not include start and finish dates. In addition, gaps in employment were not fully explored and recorded. An area for improvement was made.

Review of records confirmed systems were in place to monitor staffs' registrations with NISCC.

Discussion with staff evidenced good knowledge and understanding of resident's individual needs and preferences.

Staff confirmed they had received an induction when commencing work in the home, and completed mandatory training relevant to their job role. Staff were able to correctly describe their roles and responsibilities regarding Adult Safeguarding and Deprivation of Liberty Safeguards.

Staff were positive about their experience working in the home. Specific comments from staff included:

- “We do work well as a team...we have enough time with residents, we can do things like their hair.”
- “We know the residents miss their family and friends but we all try and keep their spirits up, with activities like bingo, quizzes or singalongs.”
- “Residents want for nothing. Claire (nurse in charge) is amazing. We are kept up to date and well informed about any changes.”
- “Residents seem to be happy and we try our best to keep them happy. We help them whatever way we can.”

6.2.2 Care delivery

Residents looked well cared for and it was clear that staff had supported residents to maintain their personal care and appearance to a high standard.

Residents looked comfortable and relaxed throughout the inspection. Residents could choose whether to spend time in one of the lounges or in their bedroom. Seating in the lounges had been arranged to facilitate social distancing while enabling residents to sit with their friends. Residents enjoyed chatting with each other, listening to Daniel O'Donnell, reading the newspaper, sleeping or watching television.

Residents were positive about their experiences living in the home and no concerns were reported during the inspection. Residents who preferred not to speak with us were smiling and appeared content. Specific comments from residents included:

- “It couldn't be any better here. We have great banter with the staff.”
- “The food is beautiful.”
- “We have all we need.”
- “I get my newspaper brought to me every morning.”
- “I like to sit here and enjoy the view.”

Staff were visible and attentive throughout the inspection, and attended to residents' needs' in a timely, kind and friendly manner. We saw staff treat residents with dignity and respect, by offering choice and encouraging independence where possible, for example when mobilising or eating.

The dining experience was a well organised and unhurried experience for residents. Residents enjoyed their meal either in the dining room, lounges or in their bedrooms, depending on their preference and in line with the need to maintain social distancing. The food looked and smelled appetizing. Residents had a choice of lentil and bacon soup and a sandwich or wheaten bread with ham, cheese and tomato salad. Both options looked fresh, healthy and nutritious and appropriate portions were served. A choice of hot and cold drinks were offered, and residents were offered alternatives or extra portions as necessary. Residents told us they enjoyed their meal and the food served in the home.

We discussed the visiting arrangements in place during the current pandemic. The home used the sun room for this, where social distancing could be maintained. Visitors used a separate entrance and not need to walk through the home, had their temperatures taken and declared they were symptom free. There was ample PPE and hand sanitiser also available.

Management advised that due to the current high rate of community transmission, residents and their relatives had agreed to again temporarily cease visits. Video calling was facilitated with residents depending on their preferences. The home were developing their care partner policy and procedure; no care partners were currently identified.

6.2.3 Care records

Twice daily progress notes recorded the care delivered to each resident. These reflected any changes in resident's condition and the appropriate action taken by the home, for instance referral to district nursing services. Where resident's needs had remained the same, we noted that progress notes used repeated set statements. Management agreed to review this to ensure that progress notes were personalised and meaningful regarding the care being delivered in the home.

Some care records did not include a recent photograph of the resident. Management explained these had recently been taken and were in the process of being printed and would be updated this week; therefore an area for improvement was not made on this occasion.

A range of assessments and care plans were used to identify and plan the care required for each resident. Care records relating to resident's physical needs, including management of falls, infection, wounds, continence and nutrition were well maintained and reviewed as changes occurred. This included assessments and recommendations from other healthcare professionals, for example Speech and Language Therapists (SALT). One resident's care plan regarding the management of epilepsy lacked sufficient detail to guide staff; an area for improvement was made.

Care records included the use of clinical assessment tools such as the Malnutrition Universal Screening Tool (MUST) and Braden Score. These tools are clinical nursing assessments and are not standard practice in a residential setting. However, they can be used if there is an identified need for the resident and if residential care staff have been trained, and deemed competent and capable to use them. Management agreed to review the use of these tools, in line with the home's registration.

Deficits were identified in relation to the information retained regarding resident's emotional, social and psychological needs. Social needs assessments and social histories were either not completed or lacked sufficient detail. Related care plans were therefore generic and not individualised. An area for improvement was made.

Care records included consideration of resident's mental capacity and restricted practices which may be used in the home. Review of the adult safeguarding policy evidenced it had been reviewed in June 2020 and was reflective of appropriate adult safeguarding terminology. However, it did not incorporate the Mental Capacity Act (Northern Ireland) 2016, Deprivation of Liberty Safeguarding Code of Practice, including restraint. An area for improvement was made.

6.2.4 Environment/infection prevention and control (IPC) measures

On arrival to the home we were met by a member of staff who recorded our temperature; hand sanitiser and Personal Protective Equipment (PPE) were readily available. Signage had been placed at the entrance to the home which provided advice and information about Covid-19.

The home was clean, tidy and well ventilated. Staff confirmed that enhanced cleaning arrangements were in place and included a daily schedule for the cleaning of touchpoints such as door handles, light switches and hand rails. Staff also confirmed that bedrooms where residents were self-isolating were cleaned last.

We found that there was an adequate supply of PPE and no issues were raised by staff regarding the supply and availability of PPE. Staff spoken with were knowledgeable of the correct use of PPE, wore face masks appropriately and were observed applying and removing PPE; and were appropriate with their use of hand sanitising gel and hand washing. There were numerous posters displayed throughout the home to remind staff of good hand washing procedures and the correct method for applying and removing of PPE. We asked the manager to ensure all signage was laminated to allow for effective cleaning. We suggested an audit of hand hygiene and use of PPE should be implemented within the home to evidence good compliance with best practice. The manager agreed to implement this.

IPC deficits were identified during the inspection in relation to equipment cleaning, waste management and the availability of hand towels in the staff toilet. We also identified a chair in the reception area of the home that required recovering or replacing. These were discussed with the manager who agreed to action these as required. This will be reviewed at a future care inspection.

During review of the environment we noted the hairdressing room had been relocated to a bathroom within the home. This was discussed with the responsible individual and the aligned estates inspector post inspection. We agreed to this temporary arrangement and the responsible individual gave assurances that the room would be repurposed for hairdressing activities only. The responsible individual shall notify RQIA once the hairdressing room has been relocated to its original location.

6.2.5 Leadership and governance

Prior to the inspection, the home had advised RQIA of potential changes to the number of registered places in the home. However no variation application had been received. This was discussed with the responsible individual who agreed to review and submit this application within the week to bring the home into compliance with Regulation.

There was a clear management structure within the home and the manager was available throughout the inspection process. The manager retained oversight of the home and was supported by senior care staff. Staff described management as supportive and approachable; “(if any issues) things get addressed quickly.”

We looked at the records of accidents, incidents and complaints; we found that these were managed appropriately. Compliments were also retained by the home, and included:

- “Thank you all for the excellent care you took of (my relative) every time he went in...the care and food is second to none.”

- “Should I need care, Glendun is my first and only choice.”
- “We wish to acknowledge the kindness, care and support you give...we particularly appreciated and cherished our visits in the last two weeks of (our relative's) life.”

We reviewed records which confirmed that there was a system of audits which covered areas such as equipment cleaning, nutrition, infections, wounds, falls, complaints and care records. These audits were designed to ensure that the manager had full oversight of all necessary areas. Although audits were completed, inconsistencies were identified in completion of the monthly audits. The care records audit was not consistently completed and did not identify the deficits in record keeping discussed in section 6.2.3. Despite the ongoing pandemic there was no evidence that hand hygiene/PPE audits were completed within the home. This was discussed with the registered manager who agreed to review the audit processes. The manager should focus on care records, hand hygiene and PPE audits to ensure the analysis is meaningful and robust, action plans are generated and learning is disseminated. An area for improvement was made.

We examined the reports of the visits by the registered provider from August 2020 to December 2020. These were detailed, and included review of the home's environment and feedback from residents, staff and relatives. Although deficits were identified within the report, there was no summary or action plan included. This meant that we could not fully evidence that management maintained robust oversight of the required improvements. There was no way to evidence that identified actions were being reviewed and completed between monthly visits. This is important to ensure identified deficits are addressed in a timely manner. An area for improvement was made.

Areas of good practice

Areas of good practice were identified in relation to staffing levels, staff's knowledge, care delivery and the dining experience. There were positive interactions between staff and residents throughout the inspection, and residents looked content and well cared for.

Areas for improvement

Areas for improvement were identified in relation to staff recruitment records, the staff duty rota, care plans regarding the management of epilepsy and assessments and care plans regarding resident's social, emotional and psychological needs. The home's Adult Safeguarding policy required additional information. Audit tools and monthly monitoring reports lacked clear action plans and evaluation.

	Regulations	Standards
Total number of areas for improvement	0	8

6.3 Conclusion

The home was clean and tidy.

Residents looked well cared for and gave positive feedback about their experiences living in the home, their treatment from staff and the dining experience.

Staff were visible and attentive, and there were cheerful and kind interactions observed throughout the inspection.

Management were described as approachable and supportive.

Areas for improvement identified during this inspection are to be managed through the QIP included below.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Katrina Mary O'Hara, manager, David Morgan, responsible individual and Claire Burke, nurse in charge, 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 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 31 Stated: First time To be completed by: 14 April 2019	<p>The registered person shall closely monitor the completion of medicine administration records to ensure these are fully and accurately maintained.</p> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next medicines management inspection.</p>
Area for improvement 2 Ref: Standard 25.6 Stated: First time To be completed by: from the date of inspection	<p>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.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: A full and accurate record is kept of staff working over a 24 hours period and the capacity in which they worked. This includes the full name of staff member. All changes to rota signed of by Manager/Nurse in Charge</p>
Area for improvement 3 Ref: Standard 19.2 Stated: First time To be completed by: from the date of inspection	<p>The registered person shall ensure that before making an offer of employment, any gaps in an employment record are explored and explanations recorded.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: Any gaps in employment record will be explored and explanations recorded before an offer of employment is made as per policy of the home</p>
Area for improvement 4 Ref: Standard 6.2 Stated: First time To be completed by: 18 February 2021	<p>The registered person shall ensure that an individual detailed care plan is in place regarding the management of epilepsy.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: An individual care plan for the management of Epilepsy is in place</p>

<p>Area for improvement 5</p> <p>Ref: Standard 5.2</p> <p>Stated: First time</p> <p>To be completed by: 18 February 2021</p>	<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. <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: Staff are developing life stories which include social, emotional and psychological needs in collaboration with residents and their families to be incorporated into Care Plans</p>
<p>Area for improvement 6</p> <p>Ref: Standard 16.1</p> <p>Stated: First time</p> <p>To be completed by: from the date of inspection</p>	<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> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: The home policies and procedures on Adult Safeguarding and Restraint have been revised in accordance with legislation, DHSSPS guidance, regional protocols and local protocols issued by HSC boards and trusts</p>
<p>Area for improvement 7</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: from the date of inspection</p>	<p>Working practices are systematically audited to ensure they are consistent with the home's documented policies and procedures and action is taken when necessary.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: Care records, hand hygiene and use of PPE are systematically audited to ensure they are consistent with the home's documented policies and procedures and action is taken where necessary</p>
<p>Area for improvement 8</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p> <p>To be completed by: from the date of inspection</p>	<p>Written records of monthly monitoring reports clearly state any actions taken by the registered person or the registered manager to address any deficits identified.</p> <p>Ref: 6.2.5</p> <p>Response by registered person detailing the actions taken: The monthly monitoring report clearly states any identified deficits and actions taken by registered person/manager to address them.</p>

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



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