



The Regulation and
Quality Improvement
Authority

Glens
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Cushendall
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Unannounced Care Inspection of Glens

4 June 2015

The Regulation and Quality Improvement Authority
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1. Summary of Inspection

An unannounced care inspection took place on 4 June 2015 from 10 10 to 2 45. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with Mrs G Magee as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Paula Magee	Registered Manager: Geraldine Magee
Person in Charge of the Home at the Time of Inspection: Mrs G. Magee	Date Manager Registered: 01 April 2005
Categories of Care: RC- I,RC-MP,RC-MP(E),RC-PH,RC-PH(E) and RC-DE (Dementia) for 3 identified individuals	Number of Registered Places: 16
Number of Residents Accommodated on Day of Inspection: 16	Weekly Tariff at Time of Inspection: £500

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme have been met:

Standard 14: The death of a resident is respectfully handled as they would wish.
Theme: Residents receive individual continence management and support.

4. Methods/Process

Specific methods and processes used in this inspection include the following:

Prior to inspection we analysed the following records: notification reports and the previous inspection report.

During the inspection we met with 12 residents, 2 care staff, 2 catering staff and 1 resident's visitor/representative.

We inspected the following records:

Policy on death and dying
Policy on the management of continence
Accident/incident record
Complaints record
Care files (5)

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 27 11 2014

No requirements or recommendations were made as a result of the previous care inspection.

5.2 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of Life)

Residents are able to spend their final days in the home unless there are documented assessed healthcare needs which prevent this. We were informed that one resident had died in the home since the previous inspection. One resident, currently in the home, was receiving end of life care. Staff who spoke with us described their role in caring for residents who have been very ill and at the end of life stage. Staff demonstrated knowledge of the importance of hydration and pain control. Staff advised us that they were aware of when to contact a G P and/or district nurse and of the importance of keeping families updated on the resident's condition.

Is care effective? (Quality of Management)

We inspected the home's policy on death and dying. The policy was robust and gave clear instructions to staff in the event of a resident's death. The policy referenced the good practice document "Palliative Care Guidance" issued by the Northern Trust. The induction for staff includes an element on how to care for a very ill resident. Residents who become ill have their needs assessment reviewed and updated to reflect the change in their condition. The care plan includes the input of outside professionals. For example the resident who was very ill had a district nurse visiting on a regular basis. This resident had been provided with a specialised "profiling bed".

Is care compassionate? (Quality of Care)

When the death of a resident occurs the other residents are informed sensitively in small groups or individually. Representatives from management and staff attend the funeral. Residents also, if they wish, attend the funeral. One resident chose to attend the most recent funeral. Another resident told us that he had bought flowers for the family. We spoke with the relative of the resident who remains ill. The relative stated that, some time ago, the family had been "sent for" and that the priest had performed the last religious duties. The resident's condition had since improved which the relative attributed to the "first class care she gets in this place"

Areas for improvement

There were no areas of improvement identified for this standard. The home's care was assessed to be safe, effective and compassionate.

Number of Requirements:	0	Number of Recommendations:	0
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5.3 Theme: Residents receive individual continence management and support

Is care safe? (Quality of Life)

The home had a policy on the management of continence. A recommendation has been made that the policy should be reviewed to include best practice guidance and dated at point of review. A review of residents' care files found that an individual assessment and plan of care was in place in relation to continence. One resident who is receiving end of life care is attended by the district nurse who monitors skin integrity. One resident required catheter care. Training for staff in relation to this care need had been provided by the district nurse. Staff demonstrated knowledge and understanding of continence care. Staff confirmed to us that there was unrestricted availability of continence products and of protective gloves, aprons and hand sanitisers.

Is care effective? (Quality of management)

Staff confirmed to us that they have had training on the management of continence and infection control. Continence products are prescribed by the district nurse and then re ordered by the home on a monthly basis. Any issues identified are reported to the district nurse for advice and direction. The records of care management reviews included reference to the ongoing management of any continence issues.

Is care compassionate? (Quality of care)

The practice we observed showed that residents were treated with care, dignity and respect. Continence care was undertaken in a discreet, private manner. Staff we interviewed recognised the potential loss of dignity associated with incontinence. They gave examples of how to ensure, as far as possible, the resident's dignity and independence are maintained when assisting with individual continence needs. There was a good standard of continence management in the home which was person centred, was underpinned by informed values and delivered with compassion.

Areas for improvement

One recommendation was made in relation to the policy on continence management. The home's care overall was assessed as safe, effective and compassionate.

Number of Requirements:	0	Number of Recommendations:	1
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5.4 Additional Areas Examined

5.4.1 Residents' views

We spoke with residents who all expressed or indicated that they were happy with their life in the home. Selections of their comments were as follows:

"The food is lovely"

"I went on holiday for a week and cried to get back here"

"I'm very well looked after"

"You wouldn't get better"

5.4.2 Relatives' Views

We spoke with one relative who visits the home daily. The relative told us that she is very happy with the care of her family member. The relative told us that staff are "wonderful" "I want to commend the staff for their care of my relative"

5.4.3 Staff views

We spoke with 3 members of staff of various grades. All spoke positively about their roles and duties, staff morale, teamwork and management support. Staff informed us that they felt a good standard of care was provided for residents.

5.4.4 Staffing levels

The following staff were on duty:

Manager x 1

Care staff x 2

Domestic x 1

Catering x 1

Maintenance person x1

This was considered satisfactory for the numbers and needs of residents accommodated.

5.4.5 Fire

The current fire risk assessment undertaken of the home was dated October 2014. The fire alarm system is checked weekly and the outcome recorded. Atahe manager confirmed to us that staff fire training is up to date.

5.4.6 Complaints

We inspected the complaints record and confirmed that complaints are being addressed appropriately.

5.4.7 Accidents / incidents

We inspected the accident record and confirmed that accidents are being managed and reported appropriately

5.4.8 Environment

We inspected the internal environment including communal areas and residents' bedrooms. These were found to be well maintained and well decorated. Residents' bedrooms were personalised to suit the preferences of the occupants. There was a high standard of cleanliness throughout the home.

6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Magee as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The DHSSPS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSPSS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendation 1	Ref 5.3 The policy on the management of continence should be reviewed and amended to include good practice guidance for staff.		
Ref: Standard 25.5	Response by Registered Person(s) Detailing the Actions Taken: The policy on the management of continence has been reviewed and amended and includes good practice guidance for staff.		
Stated: First time			
To be Completed by: 10 July 2015			
Registered Manager Completing QIP	<i>G. Magee</i>	Date Completed	30/6/15
Registered Person Approving QIP	<i>A. Magee</i>	Date Approved	30/6/15
RQIA Inspector Assessing Response	<i>Ruth Greer</i>	Date Approved	6/7/15

Please ensure the QIP is completed in full and returned to care.team@rgia.org.uk from the authorised email address

