

Primary Announced Care Inspection

Name of Establishment:	Glens
Establishment ID No:	1346
Date of Inspection:	8 May 2014
Inspector's Name:	Ruth Greer
Inspection No:	17731

The Regulation And Quality Improvement Authority
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General Information

Name of Home:	Glens
Address:	63 Middlepark Road Cushendall BT44 0SQ
Telephone Number:	028 2177 1588
E mail Address:	mageepaula@aol.com
Registered Organisation/ Registered Provider:	Ms Paula Magee
Registered Manager:	Ms Geraldine Magee
Person in Charge of the home at the time of Inspection:	Ms G Magee Ms P Magee
Categories of Care:	RC-I ,RC-MP ,RC-MP(E) ,RC-PH ,RC-PH (E)
Number of Registered Places:	16
Number of Residents Accommodated on Day of Inspection:	15
Scale of Charges (per week):	Trust rates with a top up of £30
Date and type of previous inspection:	15 August 2014 Primary announced inspection
Date and time of inspection:	8 May 2014 9:30am to 2:15pm
Name of Inspector:	Ruth Greer

Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during the inspection were met.

Purpose of the Inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector. Specific methods/processes used in this inspection include the following:

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

Any other information received by RQIA about this registered provider and its service delivery has also been considered by the inspector in preparing for this inspection.

Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	7
Staff	3
Relatives	0
Visiting Professionals	0

Questionnaires were provided, at the inspection, to staff to find out their views regarding the service. Matters raised from the questionnaires will be addressed by the inspector if required on their return to the RQIA

Issued To	Number issued	Number returned
Staff	20	10

INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards and theme:

- STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.
- STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance Statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

Profile of Service

The Glens Private Residential Home is a detached purpose built single storey building registered to accommodate sixteen residents. The home has been extended and upgraded and is situated in a quiet residential area on the outskirts of the seaside village of Cushendall in the heart of the scenic Glens of Antrim.

A large sitting room is provided with separate space for dining. . There are currently fourteen single rooms two of which have en-suite facilities and one double bedroom; visitor's room; designated smoking area; a kitchen, dining room, staff room with en-suite bathroom.

The recent renovation includes a replacement shower room and a bathroom which have been restyled and upgraded. There are five WCs for residents.

There is a patio area to the rear of the home with tables and chairs and a greenhouse.

There is ample car parking for visitors to the front of the home.

Summary of Inspection

An inspection was undertaken of Glens residential care home on 8 May 2014 by an officer of the Regulation and Quality Improvement Authority (RQIA). The inspection was announced.

Prior to the inspection the registered manager had completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by the manager were not altered in any way by RQIA.

On the day the inspector met with residents and staff, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents. The inspector observed care practice, examined a selection of records and carried out a general inspection of the premises. Satisfaction questionnaires were left with staff to complete and return to the RQIA.

Standards inspected

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy in place which was found to reflect good practice guidance in relation to restrictive practice. Restraint is not used in the home and the least restrictive practice strategies are used for example the front door is accessed by the use of a key pad. However the back door of the home which is easily accessible is always unlocked during the day. Residents' care records outlined their usual conduct, behaviours, means of communication and guidance on how staff should respond to them. Staff were aware of the need to report and record any uncharacteristic behaviour. Staff had knowledge and understanding of the specific detail contained in residents care plans / behavioural management plans.

Evidence gathered in relation to this standard concluded that Glens is compliant with this standard.

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS

The inspector examined the arrangements in place to deliver a programme of activities. There is a policy in place relating to the activity provision. Observations made, review of documentation and discussion with residents confirmed that activities provided are based on the assessed needs and preferences of the residents. The programme of activities was on display in an appropriate location and confirmed that activities are provided on a daily basis and are age and culturally appropriate. Records in relation to activities are retained and were found to include the details prescribed in the relevant criterion. The evidence gathered through the inspection process concluded that Glens is compliant with this standard.

Residents/Staff

Throughout the inspection the inspector met with staff and residents. Residents indicated that they were happy and content with their life in the home. Staff confirmed that they are provided with support and training and demonstrated a knowledge of how to respond to individual residents' behaviours. Comments received from residents are included in "additional matters" in the main body of this report.

Environment

The atmosphere in the home was warm and welcoming. The inspector examined the premises internally and the outside garden. All internal areas were clean, organised, adequately heated and fresh smelling.

Conclusion

The inspector can confirm that at the time of this inspection the delivery of care to residents was found to be of a good standard.

No requirements or recommendations were made as a result of this primary inspection.

Follow-Up on Previous Issues

No requirements or recommendations resulted from the primary announced inspection of Glens which was undertaken on 15 August 2013.

STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.	
Criterion Assessed: 10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	COMPLIANCE LEVEL
Provider's Self-Assessment In each Residents Care Plan there is a detailed description of their usual conduct, behaviours and communication which is read by all members of staff. The residents conduct and behaviours are discussed daily at each hand over report so that staff are made aware of any changes and these are recorded in their careplan. All staff are trained so that their responses and interventions promote positive outcomes for residents ie. vulnerable adult, dementia and challenging behaviour training	Compliant
Inspection Findings: The examination of care records showed that a detailed assessment of need is completed before and in the first weeks of admission. Staff confirmed that due to the small numbers of residents they (staff) are able to take time with each individually. On the day of the inspection there was evidence that a new admission was to take place within the following days. The manager had visited the potential resident whose assessment included a diagnosis of Parkinson's disease. The home had arranged a training session for staff in awareness of Parkinson's provided by a volunteer from the Parkinson's Society and from the resident her / himself. This is sound practice and is commended.	Compliant

Criterion Assessed: 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.	COMPLIANCE LEVEL
Provider's Self-Assessment	
When a resident's behaviour is uncharacteristic and causes concern, staff along with management seek to understand the reason for this behaviour. They do this by firstly looking to see if there is a medical reason behind the behaviour for example the residents medication may need to be reviewed. The GP may need to be contacted to check if they have a chest infection or urine samples may need to be collected to rule out a urinary tract infection. When staff carry out any of these investigations they are recorded in the residents careplan. The relatives are informed and contact is made to the social worker and any other professional service that may need to be contacted to seek an explanation for the resident's behaviour for example their CPN. Again this will all be recorded in the individual's careplan along with the outcome of the investigation. If all avenues have been explored and the residents behaviour is still of concern their placement in the home will be reviewed.	Compliant
Inspection Findings:	
Staff in the home are familiar with residents' usual behaviours and can easily spot when an event is out of character. Records examined showed that appropriate steps are taken when a concern is identified.	Compliant
Criterion Assessed: 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	COMPLIANCE LEVEL
Provider's Self-Assessment	
When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used. This will be discussed with the representatives at the yearly reviews which is signed by the representative and a copy kept in the careplan.	Compliant

Inspection Findings:	
There is a small core of staff within the home and information is shared daily in regard to residents' needs. Written instructions are included in the care records. Examination of care records showed that families are kept informed of and involved in the care of their loved ones.	Compliant
Criterion Assessed: 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment	
When a resident has a specific behaviour management programme this is documented separately in their careplan and reviewed every 6 months which is discussed and approved by an appropriately trained professional.	Compliant
Inspection Findings:	
Specific behaviours and habits are recorded and a care plan is generated accordingly. For example for residents who smoke a risk assessment is in place to minimise any risk of this behaviour to the resident himself and the other residents.	Compliant
Criterion Assessed: 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	COMPLIANCE LEVEL
Provider's Self-Assessment	
When a behaviour management programme is in place for any resident, staff are provided with necessary training, guidance and ongoing support relevant to these residents which will be documented in the staff training records. Next training session will cover responding to resident's behaviour which is due on the 18 th April 2014.	Compliant
Inspection Findings:	
There were no residents in the home who present with challenging behaviours. Training is provided for staff in the area of protection of vulnerable adults and challenging behaviours.	Compliant

Criterion Assessed: 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Any meetings which take place to deal with the incident will be recorded and where necessary, followed by a multi-disciplinary review of the resident's care plan.	Compliant
Inspection Findings:	
The accident / incident records showed that any untoward event is dealt with appropriately and reported as required to the relevant organisations as well as the family.	Compliant
Criterion Assessed: 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	COMPLIANCE LEVEL
Provider's Self-Assessment	
If restraint is used within the home it will only be used in the best interests of a resident and only used when all other alternatives to restraint have been pursued. For example if bedrails are used for a resident they will only be used as a last resort and where deemed necessary for the safety of the resident. An assessment will be carried out by management along with a trained professional ie. district nurse, and this will be recorded in the care plan, along with a daily record of when restraint is used. The relatives will also be involved with the decision and this will be reviewed on a regular basis. A policy on restraint is kept in the homes policy and procedure manual.	Compliant
Inspection Findings:	
There are six residents for whom bedrails are in use. Examination of care records showed that a risk assessment had been completed and signed by the community care manager and where possible the resident and representative. A record is kept of night checks taken in respect of these residents.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Provider to complete

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.	
Criterion Assessed: 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	COMPLIANCE LEVEL
Provider's Self-Assessment At the Glens we provide a programme of activities and events which we feel are of benefit to the residents and provide positive outcomes for them. For example some of our younger male residents who have an interest in gardening or more outdoor activities we have provided them with a green house where they help to grow vegetables and other plants. One of our residents takes great pride in looking after the chickens and the home also has a rabbit and a dog which one of the more able residents takes for walks on a regular basis. On admission to the home we find out what activities the residents are interested in and this is recorded in their careplan. We also discuss the daily activities at our monthly resident's meetings and ask for any new ideas and if they are happy with the activities provided.	Compliant
Inspection Findings: The home had a policy on the provision of activities dated 16 April 2014. A review of five care records evidenced that individual social needs and activities were included in the needs assessment and the care plan. There was further evidence from discussion with residents that there are positive outcomes for them as a result of the activities provided.	Compliant

Criterion Assessed: 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	COMPLIANCE LEVEL
Provider's Self-Assessment	
<p>To make sure our programme of activities are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs the programme of activities is planned around information obtained about each resident during their admission from themselves and their family members. We try to encourage activities to promote healthy living for example chair based exercises are carried out on a daily basis for those who wish to take part and a Yoga Instructor visits the home once a fortnight. The Arts and Crafts facilitator incorporates her sessions around community events and we also encourage our residents to attend appropriate community events that they are interested in for example knit and knatter sessions and baking demonstrations that are held during the summer. Music is another popular activity among most of our residents and singing and dancing takes place once a fortnight and at other special occasions throughout the year with family and friends encouraged to take part in.</p>	<p>Compliant</p>
Inspection Findings:	
<p>Examination of the programme of activities showed that social activities are organised on a daily basis. The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents' inclusion in community based events. Discussion with residents confirmed that the programme of activities is enjoyable.</p>	<p>Compliant</p>

Criterion Assessed: 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	COMPLIANCE LEVEL
Provider's Self-Assessment	
All residents including those who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities during the 6 montly reviews and if they do not wish to attend the monthly meetings we see them individually and ask for their input. This will be recorded on the minutes of the meetings.	Compliant
Inspection Findings:	
<p>A review of the records of activities provided and discussion with residents including 1 who generally stays in his room evidenced that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.</p> <p>Residents and their representatives were also invited to express their views on activities by means of satisfaction questionnaires issued annually by the home, one to one discussions with management/staff and care management reviews.</p>	Compliant
Criterion Assessed: 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The programme of activites is displayed on the lounge door and in a suitable format for those with any sensory difficultites. It is also displayed on the whiteborad in the dining room and on the chalkboard in the lounge along with the day and date.	Compliant

Inspection Findings:	
On the day of this inspection the programme of activities was on view in the areas highlighted above. This is considered appropriate as these areas are easily accessible by residents and their representatives. The programme of activities was presented in an appropriate format to meet the needs of the residents accommodated at the time.	Compliant
Criterion Assessed: 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The home carries out the daily activities at an appropriate time during the day when the staff are available to help provide support to those residents who require it. This is carried out between the hours of 3-5pm after all the residents and staff have had their dinner and allows those residents who wish to go for an afternoon nap to do so.	Compliant
Inspection Findings:	
Activities are provided by the care staff each afternoon. Staff and residents confirmed that an acceptable supply of activity equipment is available. For example animal feed etc. for those residents who care for the hens and rabbit. Hand cream, varnish for manicures and daily papers are delivered every morning.	Compliant
Criterion Assessed: 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The duration of each activity is appropriate to the activity taking place and will last any thing from half an hour to two hours taking into account the abilities and condition of the residents participating on that day.	Compliant
Inspection Findings:	
Staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in any activity.	Compliant

Criterion Assessed: 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Where an activity is provided by a person contracted-in to do so evidence is obtained from them to confirm that they have the necessary skills to carry out the activity. A record of this is kept in the office. The activity is carried at a time when management is on duty and can monitor the activity for themselves.	Compliant
Inspection Findings:	
The registered manager confirmed that at times outside professionals are contracted in to provide a specific activity. The registered manager confirmed that she had obtained evidence from the person that he / she had the necessary skills and knowledge to deliver the activity.	Compliant
Criterion Assessed: 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	COMPLIANCE LEVEL
Provider's Self-Assessment	
Prior to the activity commencing the facilitator visits the office for an update on any changes to the residents needs and will also visit the office after the activity has finished to give feedback. If the Manager is not on duty the Senior Carer in charge will take on this role.	Compliant
Inspection Findings:	
In discussion with the manager the inspector was informed that a system was in place to inform any person contracted to provided activities (who is not a member of the home's staff), of any change in residents' needs which would affect their participation in the planned activity. A member of staff is always present at the activity when this is provided by an outside contractor.	Compliant

Criterion Assessed: 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	COMPLIANCE LEVEL
Provider's Self-Assessment	
A daily activities folder is kept in the office and information on the activity, the person leading the activity and the names of the residents who participate is recorded.	Compliant
Inspection Findings:	
Examination of the record of activities evidenced that the records had been maintained of the nature of the activity, the name of the person leading the activity and the residents who participated.	Compliant
Criterion Assessed: 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	COMPLIANCE LEVEL
Provider's Self-Assessment	
The programme is reviewed at least twice a year in consultation with the residents and discussed during monthly meetings and reviews and changes are recorded with a copy kept in the daily activity folder and one on display for all residents to view.	Compliant
Inspection Findings:	
Examination of the programme of activities showed that this is reviewed at monthly residents' meetings. Discussion with the registered persons confirmed that planned activities were also changed at any time at the request of residents. Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that they could request / suggest changes or amendments.	Compliant

PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Provider to complete

INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED	COMPLIANCE LEVEL
	Compliant

ADDITIONAL AREAS EXAMINED

Residents' Views

The inspector spoke with residents during the inspection. All stated that they are happy in the home. Most frequently mentioned was the kindness of the staff and the registered persons. One resident told the inspector that it was his birthday and that he was being taken out for lunch by a staff member as a birthday treat. Two residents told the inspector that they enjoy the garden and outdoors. One resident has a rabbit and one resident is in charge of the hens. The past time of looking after these animals obviously provided the residents with much enjoyment. No resident raised any areas of concern regarding their care and a sample of direct quotes can be seen below.

- “No one here could say a bad word about it” (the home)
- “I’m happy here and well cared for”
- “I’m really well looked after”
- “I love it, the girls are the best”
- “Brilliant couldn’t get better”.

Relatives / Representative Views

There were no relatives available on the day of this inspection.

Visiting Professionals' Views

There were no visiting professionals on the day of this inspection.

Visits by the Registered Provider (*Regulation 29*)

The registered provider is on duty full time in the home as evidenced by the duty rota. Records examined showed that Ms P Magee (registered provider) guides, directs and monitors the provision of care on a daily basis.

Complaints

Examination of the complaints record showed that two complaints have been received since the previous inspection. These were considered to be of a minor nature. There was evidence that the registered persons had dealt with the complaints appropriately.

Current Statement of Purpose (*Regulation 3 (1) (c) Sch1 / Standard page 77*)

The statement of purpose accurately reflects the services and facilities provided by the home.

Resident / Dependency Information

A review of the resident dependency sent to RQIA in advance of this inspection showed that the numbers and assessed needs of persons accommodated were in accordance with the categories for which the home is registered.

Staff Questionnaires /Staff Views

On the day of this inspection the following staff were on duty to provide care for 15 persons:

- Registered person x1
- Registered manager X1
- Care staff x 2
- Domestic x 1
- Catering x 1
- Maintenance x 1

20 questionnaires were left in the home for completion by staff. Ten questionnaires were returned in time for inclusion in this report. The comments recorded were all positive in regard to the care provided to residents and the support systems for staff.. Staff on the day presented as caring and competent. Care staff told the inspector that they continue to be happy to work in the home and stated that residents' care is individualised and of a good standard.

Environment

The home is a single storey building and is domestic in nature due to the small number (16) of persons accommodated. Internally the style of décor is bright and modern. On the day of this inspection the home was warm and bright. There was a high standard of cleanliness throughout.

This is a home where the outside space is well used by several residents for gardening, looking after animals and relaxing.

Fire Safety (*Regulation 19 (2) 14.15 - Regulation 27 (4) (a) (b)*)

A fire risk assessment was undertaken by an accredited outside professional in November 2013. Fire training for staff was last provided on 2 April 2014. Fire alarms are checked weekly.

Quality Improvement Plan

As no requirements or recommendations were made following the inspection a Quality Improvement Plan has not been appended on this occasion.

The registered manager/provider is asked to please complete and return a copy of the signature page attached to this report for our records.

Enquiries relating to this report should be addressed to:

Ruth Greer
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



The Regulation and
Quality Improvement
Authority

No requirements or recommendations resulted from the **primary announced** inspection of **Glens** which was undertaken on **8 May 2014** and I agree with the content of the report. Return this QIP to **care.team@rqia.org**

Please provide any additional comments or observations you may wish to make below:

NAME OF REGISTERED MANAGER COMPLETING	Geraldine Magee
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING	Paula Magee <i>Paula Magee</i>

Approved by:	Date
<i>Ruth Greer</i>	23 6 14

