

# Inspection Report

13 January 2022



## Glens

**Type of Service: Residential Care Home**  
**Address: 63 Middlepark Road, Cushendall, BT44 0SQ**  
**Tel no: 028 2177 1588**

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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

<b>Organisation/Registered Provider:</b> Ms Paula Magee & Ms Siobhan McHugh  <b>Registered Persons:</b> Ms Paula Magee & Ms Siobhan McHugh	<b>Registered Manager:</b> Ms. Siobhan McHugh  <b>Date registered:</b> 9 December 2020
<b>Person in charge at the time of inspection:</b> Ms. Siobhan McHugh	<b>Number of registered places:</b> 16
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category MP – Mental disorder excluding learning disability or dementia MP(E) - Mental disorder excluding learning disability or dementia – over 65 years PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 16  A maximum of 5 identified residents in category RC-DE
<b>Brief description of the accommodation/how the service operates:</b>  This home is a registered Residential Care Home which provides health and social care for up to 16 residents.  Accommodation is provided for over a ground floor level with access to a courtyard garden.	

## 2.0 Inspection summary

An unannounced inspection took place on 13 January 2022, from 10.00am to 2.25pm by a care inspector.

The inspection assessed progress with the one area of 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.

The home was warm and free from malodour and bedrooms were tastefully personalised. Staffing arrangements were found to be safe and adjusted if required. We observed that staff were professional and polite as they completed their duties and they told us they were supported in their roles by the manager.

Residents were seen to be well cared for and said that living in the home was a good experience. There was evidence of attention to personal care and dressing and additional assistance and support was provided where this was required, in a compassionate manner.

The feedback from residents confirmed that they were satisfied with the care and service provided in the home.

Two areas requiring improvement were identified in relation to fire safety drills and risk assessment for radiators and hot surfaces.

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

The findings of this report will provide the manager 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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

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 told us that they were well cared for. They described the staff as being helpful and friendly. Residents stated that they enjoyed the food. Comments included:

“It couldn’t be better. You wouldn’t have any problems here. Everything is very good.” and “I am very happy here. The staff are very good.”

Staff spoke positively about working in the home and advised there was good team work within the home. Discussion with the staff confirmed that they were knowledgeable in relation to the specific needs of the residents. Staff said that the manager was very approachable and that they felt well supported in their role.

One visiting relative referred to the care in the home as “excellent” and staff and the manager were seen to care for this relative’s needs in a sensitive and kind manner.

## 5.0 The inspection

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

The last inspection to the home was undertaken on 25 February 2021 by a care inspector.

Areas for improvement from the last inspection on 25 February 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 29  <b>Stated:</b> First time	The registered person shall ensure that monthly monitoring visits are conducted by the provider or persons appointed on behalf of the provider, and that a written report is made available and maintained.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> These visits and reports were maintained appropriately.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A review of a recently appointed staff member’s recruitment files evidenced that enhanced AccessNI checks had been sought and received prior to staff commencing employment and that the recruitment process was in accordance with legislation.

There were systems in place to ensure staff were trained and supported to do their job.

Staff confirmed that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively. There was a planner in place to ensure that staff received regular supervision and appraisal.

Appropriate checks had been made to ensure that all staff maintained their registration with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the residents. The manager and staff told us that the number of staff on duty was regularly reviewed to ensure that the needs of the residents were met.

Competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty.

Staff said teamwork was good and that the manager was approachable. 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, where and how they wished to spend their time and what activity they wished to engage in.

Residents said that they felt safe in the home and that staff were always available and were kind to them. One resident made the following comment; "Things are just lovely here. The staff and Siobhan (the manager) are all lovely. I am very happy and very comfortable here".

### **5.2.2 Care Delivery and Record Keeping**

The atmosphere in the home was calm and relaxed. Residents appeared settled in their surroundings and were able to choose how they spent their day. Residents were observed in communal areas such as the lounge and dining area while they conversed with other residents; other residents were observed spending time in their own bedrooms. Residents were bright and alert and happy to engage in conversation throughout the inspection.

Staff were observed to be skilled in communicating with residents.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual resident's needs, their daily routine, wishes and preferences.

Residents' needs were assessed at the time of their pre admission to the home. Following admission 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. Residents' care records were held safely and confidentially.

Residents' individual likes and preferences were reflected throughout the records. Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Detailed and comprehensive care plan evaluations were retained in residents' care records. These provided up to date information about each resident and any change in their condition. These monthly evaluations evidenced communication with the wider multi-disciplinary team including the GP, district nurses, and care managers.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff. The dining experience was an opportunity for residents to socialise, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and the overall dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. There was a choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain and that an appropriate onward referral had been made to the GP in respect of an identified resident's weight loss.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the home's environment included a sample of bedrooms, bathrooms, storerooms and communal areas such as lounges and dining room. The home was clean, warm and well maintained. .

Residents' bedrooms were personalised with items important to them such as pictures and sentimental items. Communal areas were well decorated, suitably furnished and comfortable.

An area of improvement was made for all radiators / hot surfaces to be individually risk assessed in accordance with current safety guidance with subsequent appropriate action. A number of radiators in the corridor areas of the home were found to be excessively hot too touch and posed a risk if a resident were to fall and lie against the surface. Assurances were received by the manager at the time of the inspection that these radiators would be fitted without delay and all other radiators would be appropriately risk assessed.

The home's most recent fire safety risk assessment was on 6 January 2021. This assessment had corresponding evidence recorded of the action taken in response to the one recommendation made from it. Fire safety training and fire safety checks in the environment were maintained on a regular and up-to-date basis. An area of improvement was made in respect of fire safety drills, in that not all of the staff had received up-to-date training in this area.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents and staff and the manager advised that any outbreak would be 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 measures and the use of Personal Protective Equipment (PPE) had been provided.

Visiting arrangements were managed in line with Department of Health (DoH) and IPC guidance.

#### **5.2.4 Quality of Life for Residents**

Positive interactions were observed between staff and residents throughout the inspection. Residents spoke positively about the care they received in the home and were complementary towards the staff. One resident made the following comment; "It's all grand. They (the staff) couldn't be better. There's plenty of good food".

Staff also advised that they prioritise one to one discussion with residents throughout the day and viewed this as an important aspect of their role.

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. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

#### **5.2.5 Management and Governance Arrangements**

There has been no change in the management of the home since the last inspection. Ms. Siobhan McHugh has been the registered manager since 9 December 2020. The manager acted with competence and confidence throughout this inspection and had good knowledge of residents' needs and prescribed care.

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.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Review of the home's record of complaints confirmed that these were well managed. The manager confirmed that the outcome of complaints is used as a learning opportunity to improve practices and/or the quality of services provided by the home.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

The home was visited each month by responsible individual to consult with residents' their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed.

## 6.0 Quality Improvement Plan/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**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Ms. Siobhan McHugh, Registered 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27(2)(t)  <b>Stated:</b> First time  <b>To be completed by:</b> 13 February 2022	<p>The registered person shall risk assess all radiators / hot surfaces in accordance with current safety guidance with subsequent appropriate action.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Radiators not currently risk assessed are located in the hallways in the Glens Residential home. All Radiators in Hallways are now covered with Radiator covers. Installed on 03/02/2022.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 27(4)(f)  <b>Stated:</b> First time  <b>To be completed by:</b> 13 February 2022	<p>The registered person shall ensure all staff are in receipt in up-to-date training in fire safety drills.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Two Fire safety drills have been undertaken since inspection. The Registered person will ensure this is kept up to date going forward.</p>

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





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