



Announced Care Inspection Report 15 February 2021



Glens

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

www.rqia.org.uk

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.

3.0 Service details

Organisation/Registered Provider: Ms Paula Magee & Ms Siobhan McHugh Responsible Individuals: Ms Paula Magee	Registered Manager and date registered: Siobhan McHugh 6 May 2020
Person in charge at the time of inspection: Siobhan McHugh	Number of registered places: 16 A maximum of 5 identified residents in category RC-DE.
Categories of care: 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	Number of residents accommodated in the residential home on the day of this inspection: 15

4.0 Inspection summary

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

Following a risk assessment RQIA decided to undertake a remote inspection of this home. The following areas were examined during the inspection:

- staffing
- management arrangements
- governance systems
- infection prevention and control (IPC)
- care records
- consultation with residents, relatives and staff
- quality of life for residents
- quality improvement.

Residents spoken with during the inspection spoke in positive terms about life in Glens, with one saying “I’m thrilled to be here.”

The findings of this report will provide Glens with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Siobhan McHugh, manager, 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

To reduce the risk to residents during the pandemic outbreak, this inspection was carried out remotely. Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- duty rotas from 18 to 31 January 2021
- the organisational structure of the home
- on-call arrangements for the home
- staff training records from January 2021
- staff supervision and appraisal matrix
- Northern Ireland Social Care Council (NISCC) registration records
- a selection of quality assurance audits
- regulation 29 monthly quality monitoring reports
- complaints and compliments records
- minutes of residents'/relatives'/staff meetings
- activity planner for January 2021
- three residents' nutritional care records.

During the inspection RQIA were able to consult with 2 residents, 2 care partners and 3 staff using technology.

Questionnaires were also sent to the manager in advance of the inspection to obtain feedback from residents and residents' representatives and staff. Ten residents' questionnaires and ten residents' relatives/representatives questionnaires and ten staff questionnaires were left for distribution. A poster was also displayed for staff, residents and residents' representatives, inviting them to provide feedback to RQIA on-line.

Online survey feedback was received from one staff and four residents' representatives. Their feedback and comments are included in the body of this report.

Following a review of the information submitted to RQIA, the inspection took place via teleconference with Siobhan McHugh, manager.

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 inspection(s)

No further actions were required to be taken following the most recent inspection on 28 January 2020.

6.2 Inspection findings

6.2.1 Staffing

The manager confirmed that staffing levels were maintained to meet the assessed needs of residents in the home, and staffing arrangements were under regular review. A review of the duty rotas from 18 January to 31 January 2021 showed that planned staffing levels were adhered to and a 'lap over' period of 15 minutes was allocated for handover of information from one shift to the next. We noted that the person in charge was not identified on the duty rota and on discussion with the manager it was agreed that the name of the person in charge of each shift would be identified on the duty rota and displayed on a prominent notice board in the home. This arrangement will be reviewed at the next inspection.

The staff training matrix evidenced that staff were provided with a wide range of relevant training topics in addition to the mandatory requirements. A review of the January 2021 records showed good compliance rates and gave assurances of management overview on a regular basis. Staff spoken with expressed that they felt adequately trained for their roles and also indicated that they enjoyed the wider range of training topics.

Supervision and appraisal records showed that all staff had annual appraisals completed and some staff were on track to have a minimum of two supervisions within the last year. It was acknowledged that the Covid-19 pandemic had impacted on the provision of supervision for staff on a regular basis and a few staff had not had supervision since early 2020. This was discussed with the manager who had already identified a deficit in supervision sessions and plans to allocate some responsibility to the deputy manager who is new to the role. There were plans in place to include facilitating supervision for staff in the deputy manager's induction programme. Progress on supervisions will be reviewed at the next inspection.

The registration status of relevant staff with the Northern Ireland Social Care Council (NISCC) was monitored by the manager monthly and an audit was completed every 6 months. A record of individual staffs' renewal dates were tracked on the training audit system and new staff were added as they commenced employment.

No concerns were expressed about staffing arrangements by those spoken with on the day of inspection or in the online returns.

One resident told us, "the staff are brilliant."

Relatives and visitors said of staff:

- “Couldn’t fault them.”
- “Staff are very approachable and respectful to both my relative and our family. I am grateful to all the staff who have supported my relative for (a number) or years. Thank you.”
- “(My relative) has no pressure sores nor (have they) had any chest infections, this is down to the excellent care provided by the staff.”
- “As a family we can’t be grateful enough for the care given to (our relative) by the staff at the Glens. Whilst maintaining the upmost level of professionalism they manage to create a loving homely and welcoming environment for their residents.”

Staff told us:

- “We have enough staff on...we get to spend one to one time with residents.”
- “We have plenty of staff and can manage well.”
- (Training) “It’s all online and there is a wide range of courses.”
- “There is good teamwork.”
- (Training) “Can be very intense but really good.”
- “The days are great fun; it’s a joy to work in the Glens. Yes some days are busy but I have never left work thinking I didn’t get enough time with so and so.”

6.2.2 Management arrangements

There was a clear organisational structure in the home and the manager told us that they were supported by the responsible individual. A new role had recently been introduced for a deputy manager, who would provide additional support to the manager. The deputy was undergoing an induction programme under the supervision of the manager.

The safeguarding champion role was held by the manager, although there were plans to also have the deputy trained to this level. The manager displayed a good understanding of their role and responsibilities as safeguarding champion and was conversant in what to do if and when issues arise.

On-call arrangements formed part of an emergency operations contingency plan, which was available to staff along with policies and procedures.

Relatives and care partners told us how they felt the service was led:

- “The communication is good.”
- “Management is very approachable, great.”
- “I think very highly of the manager and the staff team and I am grateful for their support. Thank you.”
- “This is an excellent home, management and staff couldn’t be nicer and more caring.”

Staff said:

- “I know I could knock the door and problems get sorted promptly...I have no issues.”
- “Siobhan (manager) has been the most approachable and hands on manager I’ve ever worked under...I have never felt lesser than the full-time employed staff...Siobhan has

offered me the exact same training opportunities and this is the first place to train me in medicines.”

6.2.3 Governance systems

We reviewed the quality improvement audit for 2020 and found that a range of areas were reviewed including, resident and relative satisfaction, falls, accidents and incidents, care records, medicines management, and infection prevention and control. A yearly review of audit outcomes was completed by management and improvement goals set for the coming year.

A fire risk assessment had been completed on 6 January 2021. This assessment resulted in one area for action, namely three fire doors required adjusting. The manager confirmed that this action had been completed and they were fully compliant with fire safety.

We reviewed the provider monthly monitoring system and found that monitoring visits were not taking place consistently on a monthly basis. We obtained reports for August 2020 and February 2021 and could see that all relevant areas were included, such as; resident, relative and staff consultation, records, complaints, maintenance, planned improvements and action plans. However the manager confirmed that monitoring reports were only completed a few times a year. An area for improvement was made.

6.2.4 Infection prevention and control (IPC)

There was evidence of manager overview of IPC standards through regular auditing. We reviewed the most recent audit from 12 January 2021 and could see detail of the areas audited, findings and actions taken where required.

The home was free of Covid-19 at the time of inspection and they were fully engaged in the regional Covid-19 planned and regular testing programme. Staff and residents were monitored with twice daily temperature checks, and the vaccination rollout was almost complete with all residents accepting the first vaccine dose and the majority of staff had also accepted.

The home had also implemented the care partner role in line with the Department of Health (DOH) guidance. Individual risk assessments and plans were in place for several residents with care partners, and the care partners were trained in the donning and doffing of Personal Protective Equipment (PPE). The manager and care partners spoken with, expressed that residents had shown improvements in their mental health since the introduction of these roles.

Other relatives and visitors were being facilitated with outdoor or window visiting at a designated covered porch area.

We undertook a virtual walk round of the home and observed the environment to be clean, spacious and well lit. PPE donning and doffing areas were identified and we observed strategically placed PPE supplies and hand sanitising stations. The entrance to the home had neatly displayed notices with current Covid-19 guidance information and the poster advertising the RQIA inspection. Staff and care partners were seen to use PPE appropriately.

Staff spoke with pride about how they feel they have managed during the pandemic and told us that they felt safe coming into work, that they were assured that everyone was following the expected standards and precautions, and that they were equipped with the resources and guidance to help them carry out their roles in a safe and effective manner.

Staff said:

- “We always have a good supply of PPE...I feel proud that we have been Covid free this whole time.”
- “We are well informed of updates when they happen...plenty of PPE.”
- “Covid was really stressful at the start...we are told all the steps we need to take...cleaning schedules changed to make sure we include the touch points...all was put in place and we have everything we need.”

Residents said:

- “I have a beautiful room that’s kept very clean...couldn’t ask for more...the girl in charge keeps us all safe.”

Care partners said:

- “It was great; we got a letter explaining the role and how it works...it has helped (my relative’s) mental health. I feel safe coming in...was shown how to use the PPE and its always supplied...the place is cleaned to a good standard, fresh, I see them always cleaning.”
- “It has been great for (relative)...I’m definitely safe here, I got training about the Covid measures, hand sanitising and PPE...They are never done cleaning here...everything has been very clear, the communication is good.”

Other relatives said:

- “It is worth mentioning that neither staff nor residents have had Covid. Credit to all of them.”
- “The standard of cleanliness is outstanding as is the quality of the food prepared and the general facilities.”

6.2.5 Care records

Prior to the inspection the home provided us with nutritional care records for three residents. These records evidence that relevant risk assessments were in place and where required, action was taken for onward referral to specialist disciplines such as dietetics. We could see that resident weights were being monitored at least monthly and care plans were in place for identified needs. While the relevant information was present, we noted that some information was disorganised and difficult to find. On discussion with the manager it was agreed that a more organised way of recording was required for some records, such as the nutritional assessment records. We also found that some care plans were not person centred and required to be re-written. The manager was able to show that this had already been identified and part of the new deputy manager’s role was to assist in a care records review and re-write these with the manager. This will be reviewed at the next inspection.

6.2.6 Consultation with residents, relatives and staff

Prior to the inspection RQIA requested records from the most recent meetings with residents, relatives and staff. We reviewed records from a resident and relatives’ meeting held on 6 February 2020. Records contained an attendance list and agenda which cover topics including, management arrangements, quality assurance outcomes, RQIA inspection outcomes, environmental improvements, complaints procedure, meal times, menu suggestions and staff

training. The records included detail of what was discussed and comments made by residents or relatives. We followed up on some of the suggestions from this meeting during the inspection and could see that action had been taken to accommodate suggestions.

The home also conducted quality assurance consultation with residents on a six monthly basis and with relatives on a yearly basis. The feedback from these questionnaires was then shared with all relevant stakeholders in the annual quality assurance review.

Other forms of communication with relatives came in the form of calls from the manager, which were sometimes conducted weekly during the pandemic, and a monthly newsletter. Complaints were also reviewed and learnings were included on the annual quality assurance audit.

In order to comply with the Covid-19 guidance on social distancing, new arrangements were put in place to ensure the effective sharing of information with staff. While daily handovers continued and regular updates on the Covid-19 guidance were shared in a closed instant messaging group, the usual staff meeting forum was unable to be facilitated in a safe way. Therefore the manager issued out a staff meeting agenda with updated information in written form to staff, who were then afforded the opportunity to meet with the manager one to one to discuss issues and make suggestions. Staff then evidenced having received the information by signing off the agenda.

Twenty eight days prior to the date of inspection the home was notified and an information pack was emailed to the manager. The pack included an inspection poster which was displayed in the home to inform residents and their representatives of the contact numbers and email address by which they could contact RQIA to provide feedback on the service. The poster also provided details of a link to an online survey as another option to share their opinions. RQIA did not receive any feedback via telephone or email but did receive completed online surveys from four resident representatives and one staff member.

The survey asked questions covering the main domains of safe, effective and compassionate care, and if the service was well led. For safe, compassionate and well led all five responses said they were very satisfied. For effective care, one said they were satisfied while four said they were very satisfied.

The survey respondents also took the opportunity to leave additional comments which have been shared in the body of this report. The outcome from the online survey was also shared with the manager.

One relative commented, "We feel that they maintain an open line of communication with us regarding any matters surrounding (relative's) care and we are more than happy that we could approach them at any time with questions or concerns."

6.2.7 Quality of life for residents

During the virtual walk round the home we observed residents to be well looked after, in that they were well presented and comfortable in their surroundings. We observed part of the lunch serving and could see that this was organised and unhurried.

The activity planner for January 2021 was reviewed and found to be varied in content. Care assistants had been provided with eLearning training on recreational activities for older people and staff spoken with expressed that they found this helpful in coming up with ideas suitable for

the residents and made the activity sessions more meaningful. A minimum of two activities was offered daily and one to one time was offered to those residents who chose not to participate in organised sessions. As part of the ongoing quality improvements, every bedroom was fitted with a TV and Netflix is available on discussion with the manager.

One resident described how they felt, "I would recommend this place to anyone...I have a TV in my bedroom, I've been shown how to use everything...the food is excellent, you name it I get it...I get my hair done and my feet done...It's brilliant."

Relatives and care partners said:

- "The care and attention they give to all their residents is second to none. It is a warm and welcoming place to visit. A home from home."
- "The home is excellent and we feel so thankful to have been able to secure a place there for our (relative)."
- "The food I see is always excellent...home cooked good choice and lots of it."
- "I'm reassured by the staff here...the food smells lovely and looks good, homemade buns...I couldn't praise them high enough, what they do is beyond a job, they are caring, patient...to be able to hand (relative) over to people who genuinely care is everything."

Staff said:

- "I love it here...residents get good choice...includes people on modified diets...great atmosphere...I love doing their hairs."
- "I would describe the care as fantastic; the residents get what they want, just like it should be."

6.2.8. Quality improvement

The home had achieved some environmental improvements over the last year with new blinds in some areas, new crockery and china, corridor handrails repainted, purchase of new TVs for bedrooms and smart tech to help residents stay in touch with family and friends during the pandemic.

The manager had also identified areas requiring ongoing improvements and plans to achieve these in 2021; they are namely upkeep of the grounds, some kitchen renovations, replacement of some furnishings and new administrative equipment.

The addition of a new deputy manager role was also part of the ongoing quality improvement, and with training in safeguarding, providing supervisions, assessments and care plan writing, and auditing, this should provide support to the manager and strengthen overall governance.

Areas of good practice

Areas of good practice were identified in relation to staff training, teamwork, management of Covid-19, nutritional care and dining provision. Further areas of good practice were seen in the lived experience of residents, communication between the home and relatives, and implementation of the care partner role.

Areas for improvement

An area for improvement was identified in relation to the provider monthly monitoring reports.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3 Conclusion

Overall the inspection was positive. Residents, relatives and staff all spoke in positive terms and no concerns were expressed about the service. Online survey responses indicated that they felt the service was safe, effective, compassionate and well-led.

During the virtual walk round we could see that the residents looked relaxed and comfortable in their surroundings, staff were professional and polite in interactions and were adhering to Covid-19 guidance on use of PPE.

Some items were identified prior to inspection and discussed with the manager, who already implemented plans for improvement, these items were; ensuring that the person in charge of the home on each shift is identified, staff supervisions and re-writing of some care records. These areas will be reviewed at the next inspection.

Regulation 29 monthly visits were discussed with the manager and is included as an area for improvement in the quality improvement plan for this inspection.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Siobhan McHugh, manager, 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 Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: with immediate effect and ongoing</p>	<p>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.</p> <p>Ref: 6.2.3</p>
	<p>Response by registered person detailing the actions taken: <u>—Arrangements now in place for the Registered Provider (Paula Magee) to carry out monthly monitoring visits under Regulation 29. Visit carried out on 24/03/2021 and will be on a monthly basis going forward.</u></p>

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



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