Unannounced Care Inspection Report
23 January 2018

Glens

Type of Service: Residential Care Home
Address: 63 Middlepark Road, Cushendall, BT44 0SQ
Tel No: 028 2177 1588
Inspector: Ruth Greer

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.

1.0 What we look for

2.0 Profile of service

Glens is a family run residential home, situated rurally and is registered with RQIA to provide accommodation for 16 persons whose needs have been assessed within the categories of care cited in the home's certificate of registration.

3.0 Service details

Organisation/Registered Provider: Glens **Responsible Individual:** Ms Paula Magee	**Registered Manager:** Ms Geraldine Magee
Person in charge at the time of inspection: Siobhan McHugh, Deputy Manager Geraldine Magee, Registered Manager was off duty but visited the home for part of the inspection.	**Date manager registered:** 01 April 2005
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia 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 registered places:** 16

4.0 Inspection summary

An unannounced care inspection took place on 23 January 2018 from 10:00.to 14:30.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the homely, welcoming ethos of the home, a real person centred approach to caring and staff training and personal professional development systems.

There were no areas requiring improvement identified as a result of this inspection.

Residents and their representatives spoke positively about all aspects of life in the home. Relatives said that they had not only experienced “excellent” care for their loved one but had observed this being delivered to others.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Siobhan McHugh, Deputy Manager, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 25 July 2017.

5.0 How we inspect

Prior to inspection the following records were analysed: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with eleven residents, five staff and two residents' visitors/representatives.

Questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. Staff were invited to share their views electronically. No questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Staff recruitment file(s)
- Four resident's care files
- The home's Statement of Purpose and Residents' Guide
- Complaints records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Accident/incident/notifiable events register
- Annual Quality Review report
- Evaluation report from annual service user quality assurance survey

- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Programme of activities

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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 the most recent inspection dated 25 July 2017

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 25 July 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 27 (4) (b) **Stated:** First time	The registered person shall take adequate precautions against the risk of fire Ref: 6.4	**Met**
	Action taken as confirmed during the inspection: Inspector confirmed that a fire risk assessment had been undertaken since the last inspection, All recommendations made as a result had been addressed.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 **Ref**: Standard 13.9 **Stated:** First time	A record of should be maintained of all activities provided. Ref: 6.6	**Met**
	Action taken as confirmed during the inspection: Records of activities were available and up to date at the time of inspection.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The deputy manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. Much work has been undertaken since the last inspection in regard to staff training and professional development records. Each staff member now has a personal development file. Examination of the files showed that these included an induction using the NISCC template. The files also included supervision and appraisal records and certificates of all training undertaken. The standard of this recent work is commendable.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The deputy manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed at the last inspection and found to satisfactory.

The recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager and review of one

recently recruited staff member's personnel file confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the new procedures and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training had been provided for staff since the last inspection.

Discussion with the deputy manager, review of accident and incidents notifications, care records and complaints records confirmed that there had been no suspected, alleged or actual incidents of abuse. The deputy manager advised that any such allegations would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The deputy manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the deputy manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS). There was an individual DOL assessment in the care files examined. This is good practice.

The deputy manager confirmed there were restrictive practices employed within the home, notably keypad entry systems and bed rails/pressure alarm mats for identified residents. Discussion with the deputy manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

A review of the statement of purpose and residents guide identified that restrictions were adequately described.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist needs, for example as a result of guidance from G P's, Dieticians, Community nurses etc.

The deputy manager confirmed there were risk management policy and procedures in place. Discussion with the deputy manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH, fire safety etc.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities since the last inspection. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The deputy manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home fresh smelt, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the deputy manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 27 July 2017 and all recommendations were noted to be appropriately addressed. One recommendation was in relation to hold open devices on identified doors. These have been fitted as recommended.

Review of staff training records confirmed that staff completed fire safety training. Fire drills were completed most recently on two occasions in January 2018 to accommodate night and day staff. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Comments received from residents and relatives included:

- "You couldn't fault the care here. I know my (resident) is well cared for and safe and I trust them" (relative)
- "I'm still happy here, yes they are very good to me" (resident)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, infection prevention and control, risk management and the home's environment.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

Discussion with the deputy manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of four care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. In addition to care management reviews, management in the home undertake formal six monthly reviews in which they set aside time to spend one to one with each resident (and their family if possible) to assess their views on all aspects of the care they receive in the home. Minutes of these meetings are held within the care file. This is good practice. Care records reviewed were signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice.

An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The deputy manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of risk assessments, care plans, care review, accidents and incidents (including falls, outbreaks), complaints, environment, catering were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. For example one comments received on a relatives returned questionnaire related to name badges for staff to aid identification for visitors. As a result the home has provided name badges for all staff. Further evidence of audit was contained the annual quality report.

The deputy manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The deputy manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and their representatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Records confirmed that staff had received training in communication/customer care since the last inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The deputy manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Comments received from residents and relatives included:

- "They look after me and do everything for me" (resident)
- "I just worry that my (resident) won't be able to stay here if she deteriorates because she wouldn't get as good care anywhere else" (relative)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The deputy manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff, residents and/or their representatives confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Since the last inspection training on Palliative Care and Grief and Loss had been provided for staff. Discussion with residents, their representatives and staff confirmed that

action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records. For example, care plans were in place for management of pain, trigger factors, prescribed medication, care of chronic pain etc.

Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment.

The deputy manager, residents and/or their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected. Records showed that, in addition to mandatory training, staff had had training on Equality and Diversity ,Person Centred Care and Meaningful Activities.

The deputy manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents and/or their representatives confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. For example, residents' meetings, suggestion box, annual reviews etc.

Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified.

Discussion with staff, residents, and/or their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. The home employs an activity coordinator who undertakes arts and craft sessions twice weekly. Other activities include bingo, cards and games. Rhythm and movement sessions take place monthly and parties are arranged for special occasions. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Comments received from residents and relatives included:

- "We had a lovely time at Christmas in here" (resident)
- "The food is wonderful and the staff are wonderful" (resident)
- "We are welcome at any time and they (management) keep us updated with regular phone calls" (relative)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The deputy manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide, Poster/leaflet etc. Records showed that staff had received training on complaints management and were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys. Audits undertaken included accidents, incidents, complaints, medication management and the premises.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the deputy manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. Additional training since the last inspection has included Catheter Care, Child Protection, Diabetes Awareness, Continence Care and Record Keeping. There was evidence that staff training is an area of strength in this home.

The registered provider undertakes regular shifts in the home as evidenced by the duty rota and is aware of the daily running of the home.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. Copies of both documents were seen in the entrance hallway and readily available for residents and their relatives.

The deputy manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider/s respond to regulatory matters in a timely manner.

The home had a whistleblowing policy and procedure in place. The deputy manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The deputy manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.

The Regulation and Quality Improvement Authority

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