Unannounced Care Inspection Report
25 July 2017

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 purpose built home registered to provide residential care for 16 persons in the categories cited in the registration certificate.

3.0 Service details

Organisation/Provider Glens **Responsible Individual(s):** Paula Magee	**Registered Manager:** Geraldine Magee
Person in charge at the time of inspection: Siobhan McHugh	**Date manager registered:** 1 April 2005
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 registered places:** 16

4.0 Inspection summary

An unannounced care inspection took place on 20 July 2017 from 10.00 to 14.00.

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 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.

Evidence of good practice was found in relation to care records, staff training and the home's philosophy of person centred care.

Two areas of improvement in relation to fire safety, and the record of activities were identified.

Residents were positive in their comments about the care they receive.

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	1	1

This inspection resulted in two areas for improvement being identified. Findings of the inspection were discussed with Siobhan McHugh, deputy manager 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

No further actions were required to be taken following the most recent inspection on 7 March 2017.

5.0 How we inspect

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

During the inspection the inspector met with 12 residents and three staff. There were no visiting professionals and no residents' visitors/representatives.

Questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Nine questionnaires were returned within the requested timescale. The comments contained in the returned questionnaires were all positive.

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
- Four resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Infection control register/associated records
- Equipment maintenance/cleaning records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings/representatives' / other
- Fire safety risk assessment
- Fire drill records
- Programme of activities
- Policies and procedures manual

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 7 March 2017

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

6.2 Review of areas for improvement from the last care inspection dated 7 March 2017

There were no areas for improvement made as a result of the last care 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 deputy manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires 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.

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

Discussion with the deputy manager confirmed that no staff have been recruited since the previous inspection, therefore staff personnel files were not reviewed on this occasion.

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

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 was provided for all staff.

Discussion with the deputy manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were 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.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this 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).

The deputy manager confirmed there were restrictive practices employed within the home, notably keypad entry system and 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.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. One resident was in hospital on the day of the inspection for a period of re assessment. The resident's condition had deteriorated over a period of time and the deputy

manager maintained regular contact with all professionals and advocated on the resident's behalf to ensure that the resident was admitted to hospital for specialist care.

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.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this this was in line with regional guidelines. It was noted that guidelines promoting good infection control measures was on view. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. 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 was fresh smelling, exceptionally clean and appropriately heated. It was noted that some bedroom doors were wedged open. Bedroom doors, which are designated as fire doors should not be wedged open unless hold open devices connected to the fire alarm system are fitted. This is an area identified for improvement.

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 21 July 2016. The deputy manager stated that arrangements had been made to repeat the fire risk assessment on 27 July 2017.

Review of staff training records confirmed that staff completed fire safety training twice annually. 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.

Nine completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from staff and residents included:

- "You'll find nothing wrong here" (resident)
- "I'm happy here. I has never been as well looked after" (resident)
- "We get plenty of training and support and we work well together" (staff)
- "I'm safe in here" (resident)

Areas of good practice

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

Areas for improvement

Internal fire doors should not be wedged open.

	Regulations	Standards
Total number of areas for improvement	1	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, nutrition, falls and smoking 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. Care records reviewed were observed to be signed by the resident and/or their representative, where possible. Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to provide many examples of person centred and individual care in their description of their daily tasks.

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) were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Audits were also undertaken in relation to radiator temperatures, windows and individually for residents who smoke.

The deputy manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. It was noted that a satisfaction questionnaire has been devised and is used for all new residents after they have been in the home for two weeks. The questionnaire included "Are you aware of how to make a complaint?" "Have you any suggestions for activities you would like?" This is good practice. Other communication systems 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.

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.

Nine completed questionnaires were returned to RQIA from residents, residents' representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from residents and staff included:

- "Because the home is so small and most of the staff have been here for a long time we regard the residents almost as family" (staff)
- "I like getting back after I've been off just to see how the residents are doing" (staff)
- "I love it and I've improved so much since I came here" (resident)

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. It was noted that many of the policies had been reviewed and amended, where necessary, in January 2017. Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. Staff spoke knowledgeably and compassionately when describing the recent death of a resident in the home.

The deputy manager and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents 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.

Discussion with staff, residents 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 and annual reviews.

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.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example social activities are scheduled to take place daily between 15.00 and 16.45 and include yoga, floor games, knitting groups, crafts and bingo. It was noted that record of activities did not accurately reflect the activities provided. This has been identified as an area of improvement. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Nine completed questionnaires were returned to RQIA from service users, staff and relative. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Comments received from residents and staff included:

- "I like to keep busy and I have my work done for today. I watered the plants and fed the chickens" (resident)

- "We like to take residents out where possible, even just down to the village for a coffee" (staff)

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

One area of improvement was identified in relation to the maintenance of the record of activities.

	Regulations	Standards
Total number of areas for improvement	0	1

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. Staff 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.

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.

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. The deputy manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

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.

Review of records and discussion with the deputy manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The deputy manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. 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 registered 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.

Nine completed questionnaires were returned to RQIA from service users, staff and relative. Respondents described their level of satisfaction with this aspect of the service as very satisfied.

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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Siobhan McHugh, deputy 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 care 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 to Care.Team@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref**: Regulation 27 (4)(b) **Stated:** First time **To be completed by:** 31 July 2017	The registered person shall take adequate precautions against the risk of fire Ref: 6.4
	Response by registered person detailing the actions taken: During consultation with our fire risk assessor on 27th July 2017 regarding internal fire doors being wedged open by Residents in their rooms. The assessor advised that if Resident's are mobile and can routinely close the doors on exiting their rooms, that electric magnetic hold open devices are not necessary, however would be good practice. The management team have discussed this and decided to install the electric magnectic doors on a number of bedroom doors. This work will take place over the course of the next 6 months.
Action required to ensure compliance with the Residential Care Homes Minimum Standards	
Area for improvement 1 **Ref** : Standard 13 .9 **Stated:** First time **To be completed by :** 31 July 2017	A record of should be maintained of all activities provided. Ref: 6.6
	Response by registered person detailing the actions taken: The Activities folder is no longer kept in the office and has a place in the day room; where most of our activities take place. This has proven so far to be sucessful in encouraging the correct recording of our varied range of activities. Our Deputy Manager will check the file on a weekly basis to ensure it is being adequately maintained.

Please ensure this document is completed in full and returned to Care.Team@rqia.org.uk from the authorised email address

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