



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Establishment:	Glens
Establishment ID No:	1346
Date of Inspection:	25 November 2014
Inspector's Name:	Ruth Greer
Inspection No:	17773

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General Information

Name of Establishment:	Glens
Address:	63 Middlepark Road Cushendall BT44 0SQ
Telephone Number:	028 2177 1588
E mail Address:	mageepaula@aol.com
Registered Organisation/ Registered Provider:	Ms Paula Magee
Registered Manager:	Ms Geraldine Magee
Person in Charge of the Establishment at the Time of Inspection:	Ms G Magee Ms P Magee
Categories of Care:	RC-I ,RC-MP ,RC-MP(E) ,RC-PH ,RC-PH (E)
Number of Registered Places:	16
Number of Residents Accommodated on Day of Inspection:	15
Scale of Charges (per week):	Trust rates with a top up of £30
Date and Type of Previous Inspection:	8 May 2014 Primary announced inspection
Date and Time of Inspection:	25 November 2014
Name of Inspector:	Ruth Greer

2.0 Introduction

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

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

3.0 Purpose of the Inspection

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

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

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

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

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

4.0 Methods/Process

Specific methods/processes used in this inspection include the following:

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

5.0 Inspection Focus

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

Standard 12 - Meals and Mealtimes

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

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

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

6.0 Profile of Service

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

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

Facilities also include a shower room and a bathroom for residents' use. There are five WCs for residents.

There is a patio area to the rear of the home with tables and chairs and a greenhouse. The home keeps chickens and rabbits which are looked after by residents.

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

7.0 Summary

An unannounced inspection was undertaken of the Glens Residential Care home on 25 November 2014 by Ruth Greer, RQIA inspector.

The home was warm, bright and clean, no health and safety hazards were noted on an examination of the premises.

Staffing levels were meeting the minimum standards required for the number of residents accommodated

Residents were well apart from one who remained in bed. Residents were happy to share their views all of which were very positive specifically in relation to the kindness of staff and the quality of the food. No residents raised any area of concern.

The inspector spoke with a visiting district nurse who spoke positively about the care her patients in the home.

The focus of the inspection was on standard 12, Meals and Meal times. In order to assess the homes compliance with the standard the inspector sought evidence from the following sources:

- Review of records
- Discussion with residents
- Discussion with staff
- Discussion with a visiting professional
- Examination of the premises

As a result, the home has been assessed as compliant with the requirements of this standard and no requirements/recommendations have been made as a result of this inspection. This is commendable.

The inspector acknowledges the co-operation of the manager and staff and is grateful to the residents for speaking with her at this unannounced inspection.

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 8 May 2015

No previous requirements/recommendations were made.

9.0 Inspection Findings

STANDARD 12 - MEALS AND MEALTIMES	
Residents receive a nutritional and varied diet in appropriate surroundings at times convenient to them.	
Criterion Assessed: 12.1 Residents are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. Full account is taken of relevant guidance documents or guidance provided by dietitians and other professionals and disciplines.	COMPLIANCE LEVEL
Inspection Findings:	
A review of the menus showed that the meals provided are varied and balanced. Care records showed that nutritional needs/preferences are included in the assessment of need for each resident and that where indicated a risk assessment had been completed by a dietician.	Compliant
Criterion Assessed: 12.2 Residents are involved in planning the menus.	COMPLIANCE LEVEL
Inspection Findings:	
The minutes of monthly residents' meetings showed that the provision of food in the home is a standing agenda item. The manager stated that residents are involved daily on an informal basis in regard to the choice of food and that they are encouraged to make any suggestions as to ideas for the menus.	Compliant
Criterion Assessed: 12.3 The menu either offers residents a choice of meal at each mealtime or when the menu offers only one option and the resident does not want this, an alternative meal is provided. A choice is also offered to those on therapeutic or specific diets.	COMPLIANCE LEVEL
Inspection Findings:	
The menus showed that choices are always available. The inspector spoke with the Cook who demonstrated a knowledge of the preferences of individual residents. The cook stated that she always has soup in the freezer and this can be offered if all other choices are declined. There are three residents who are assessed as having diet controlled diabetes. The cook stated that all puddings are made with sugar supplement which means that these residents are not excluded.	Compliant

STANDARD 12 - MEALS AND MEALTIMES	
Residents receive a nutritional and varied diet in appropriate surroundings at times convenient to them.	
Criterion Assessed:	COMPLIANCE LEVEL
12.4 The daily menu is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is available at each mealtime.	
Inspection Findings:	
The menu was on view in the dining area of the home. This is considered an appropriate placement.	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
12.5 Meals are provided at conventional times, hot and cold drinks and snacks are available at customary intervals, and fresh drinking water is available at all times.	
Inspection Findings:	
Meals are provided at regular times. Breakfast is flexible to allow for residents who enjoy a "lie in". Morning and afternoon tea is provided at approximately 10:30am and 3:00pm. Supper is served twice at 8:30pm and again at 10:30pm for residents who like to stay up later. Additional tea/coffee is available on request and there were jugs of juice/drinking water in the lounge and residents' bedrooms. These are replenished twice daily.	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
12.6 Residents can have a snack or drink on request or have access to a domestic style kitchen.	
Inspection Findings:	
The kitchen is situated beside the dining room and is easily accessed by residents who may request additional drinks/snacks at any time.	Compliant

STANDARD 12 - MEALS AND MEALTIMES

Residents receive a nutritional and varied diet in appropriate surroundings at times convenient to them.

<p>Criterion Assessed: 12.7 Menus provide for special occasions.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Records showed that parties with the associated food are organised for special occasions. These include Christmas, St Patricks day, Easter and residents' birthdays.</p>	<p>Compliant</p>
<p>Criterion Assessed: 12.8 Residents are consulted and their views taken into account regarding the home's policy on "take away" foods.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The home has a policy on take away food. The inspector was informed that take away food is not used in the home for residents' meals.</p>	<p>Compliant</p>
<p>Criterion Assessed: 12.9 Meals are served in suitable portion sizes, and presented in a way and in a consistency that meets each resident's needs.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>Care records showed that three residents require a "soft food" diet. The cook confirmed that these meals are served mashed and that each ingredient is mashed separately so the constituents remain recognisable. In conversation with residents they confirmed that they always get sufficient in terms of portion sizes and can "always ask for more" if they so wish.</p>	<p>Compliant</p>

STANDARD 12 - MEALS AND MEALTIMES	
Residents receive a nutritional and varied diet in appropriate surroundings at times convenient to them.	
Criterion Assessed:	COMPLIANCE LEVEL
12.10 Staff are aware of any matters concerning residents' eating and drinking as detailed in each resident's individual care plan, and there are adequate numbers of staff present when meals are served to ensure: - <ul style="list-style-type: none"> <input type="checkbox"/> Risks when residents are eating and drinking are managed <input type="checkbox"/> Required assistance is provided <input type="checkbox"/> Necessary aids and equipment are available for use. 	
Inspection Findings:	
The care files of seven residents were examined and all contained an assessment and care plan for eating/drinking. Any specific needs/risks are also copied and held in the kitchen for easy access by the cook.	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
12.11 A record is kept of the meals provided in sufficient detail to enable any person inspecting it to judge whether the diet for each resident is satisfactory.	
Inspection Findings:	
In addition to the menus a daily record is made after each meal which shows what each resident has actually had to eat.	Compliant

<p>Criterion Assessed: 12.12 Where a resident's care plan requires, or when a resident chooses not to eat a meal or is unable to eat a meal, a record is kept of all food and drinks consumed. Where a resident is eating excessively, a similar record is kept. Such occurrences are discussed with the resident, and reported to the registered manager or senior staff in charge of the home. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken.</p>	COMPLIANCE LEVEL
<p>Inspection Findings: Daily progress/deterioration notes are made. These include reference to eating/drinking. Review of one care files showed an entry "X refused breakfast and lunch today continue to offer alternatives". The notes showed that the resident had been referred to the GP and community nurse.</p>	Compliant
<p>Criterion Assessed: 12.13 Menus are rotated over a three-week cycle and revised at least six monthly, taking into account seasonal availability of foods and residents' views.</p>	COMPLIANCE LEVEL
<p>Inspection Findings: Records showed that menus are rotated on a four weekly basis and are reviewed twice each year the most recent being 30 October 2014 when more stews/soups were introduced in preparation for winter.</p>	Compliant
<p>Criterion Assessed: 12.14 Variations to the menu are recorded.</p>	COMPLIANCE LEVEL
<p>Inspection Findings: A record is held in the kitchen of any changes made to the planned menu.</p>	Compliant

10.0 Additional Areas Examined

10.1 Residents

The inspector spent time speaking with residents (apart from one resident who was unwell) as they relaxed in the lounge or in their own rooms. Residents appeared in fine spirits and had been making decorations for Christmas. An activity co-ordinator visits the home to undertake craft sessions and the evidence of the outcome was evident throughout the home. One resident told the inspector of how much the craft work was enjoyed, "I love Mondays" (the day of the sessions).

When asked about the food residents all spoke highly of the choice and quality:

- "Far too much I've put on weight"
- "all good home made stuff"
- "it's really great you can get whatever you want"

One resident told the inspector that staff had assisted him to organise a short holiday break which he was looking forward to.

No resident raised any area of concern about the care they experience in the home.

10.2 Staff

On the day of this inspection the following staff were on duty:

- Manager x1
- Care staff x 2
- Domestic x 1
- Cook x1

This is in compliance with the minimum standards for 16 residents

The inspector spoke with all staff on duty and more formally with the cook given the focus of the inspection was on meals and mealtimes. Staff spoke knowledgeably about the residents as individuals. A staff member stated that, due to the small numbers accommodated and the layout of the building the home had maintained a "family atmosphere". Staff confirmed that the residents are well cared for and that management are approachable and supportive.

10.3 Environment

The inspector walked around the home and examined all communal areas and a random selection of resident's bedrooms. The home was warm, bright, and fresh smelling throughout. The décor and furnishings and overall cleanliness levels were high.

10.4 Visiting Professional

A district nurse was in the home and the inspector took the opportunity to speak with her regarding her experience of the care provided. The district nurse was very positive in her views and stated that she visits the home daily and the care provided to her patients is "excellent". Four residents have profiling beds and the district nurse confirmed that she reviews these residents three monthly. The district nurse stated that the home works well with her and any instructions she gives are carried out "to the letter". The inspector was told that the nurse visits several homes but that "this is the one I want to put my own name down for".

10.5 Management of Continence

In addition to the chosen standard the inspector reviewed the home's arrangements for the management of continence. Care files showed that, where indicated, a referral is made to GP and/or district nursing for an assessment in regard to incontinence. The district nurse undertakes an assessment and a care plan is generated. The assessment includes the type and amount of product required. The home orders products directly from the supplier. Training has been recently provided for staff in the use of specific continence products to ensure the most effective outcome.

11.0 Quality Improvement Plan

The findings of this inspection were discussed with Ms Magee as part of the inspection process.

This inspection resulted in no requirements or recommendations being made. The registered provider/manager is asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

Enquiries relating to this report should be addressed to:

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



No requirements or recommendations resulted from the secondary unannounced inspection of Glens which was undertaken on 25 November 2014 and I agree with the content of the report.

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

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

Approved by:	Date
Ruth Greer	15 January 2015