

Unannounced Inspection Report

29 January 2020



Glens

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

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 which is registered to provide care for up to 16 residents with care needs as detailed in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Ms Paula Magee & Mrs Geraldine Magee Responsible Individuals: Ms Paula Magee Ms Geraldine Magee	Registered Manager: Ms Geraldine Magee
Person in charge at the time of inspection: Ms Siobhan McHugh, Deputy Manager	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 This number can include a maximum of five identified residents in category RC-DE (dementia).

4.0 Inspection summary

An unannounced inspection took place on 29 January 2020 from 11.35 to 14.25.

The inspection assessed progress with any areas for improvement identified during and 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 the management of medicines, staffing, the home's environment, the range of activities, communication between residents and staff and taking account of the views of residents and their families.

No areas for improvement were identified.

Residents said that they enjoyed living in the home. They were observed to be relaxed and comfortable.

Comments received from residents, people who visit them and staff during and after the inspection, are included in the main body of this report.

The findings of this report will provide the home 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	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ms 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 inspection dated 5 and 6 September 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 5 and 6 September 2019. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the last inspection findings in relation to care and medicines management and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. Ten questionnaires were returned from residents/relatives.

A poster was provided for staff detailing how they could complete an electronic questionnaire. Staff did not complete any electronic questionnaires.

During the inspection a sample of records was examined which included:

- personal medication records and medication administration records
- records of medicines received and transferred
- the management of medicines on re-admission, medication changes, warfarin and antibiotics
- medicine management audits
- storage temperatures for medicines

- care plans in relation to distressed reactions
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met, partially met, or not 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 5 and 6 September 2019

Areas for improvement from the most recent care inspection dated 5 and 6 September 2019		Validation of compliance
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		
Area for improvement 1 Ref: Regulation 15 (1) (e) Stated: First time	<p>The registered person shall not provide accommodation to a resident at the residential care home unless the home has been registered for the category of care appropriate to the resident's needs. This is in relation to the maximum number of residents admitted to the home with a diagnosis of dementia.</p> <p>Action taken as confirmed during the inspection:</p> <p>The home is registered to provide care for a maximum of five identified residents with a diagnosis of dementia.</p> <p>On the day of the inspection the five identified residents were present in the home. No other residents with a diagnosis of dementia were accommodated in the home.</p>	Met

6.2 Inspection findings

6.3 Is care safe?

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

On arrival at the home we were welcomed by the deputy manager. The morning tea round had just finished and residents were relaxing in the lounge or their bedrooms.

Staff advised that they felt that there were enough staff to meet the needs of the residents and this was evidenced during the inspection. The residents we spoke with said that they felt well looked after in the home and that they enjoyed a range of activities. Residents' needs and requests for assistance were observed to be met in a timely and caring manner.

The home was observed to be clean, tidy, organised and fresh smelling throughout. Bedrooms were appropriately furnished and decorated. Corridors were free from trip hazards and equipment/cleaning products were stored in areas not accessed by residents. We noted that the vinyl flooring had lifted slightly in one shower room. The deputy manager advised that the maintenance man was due in the home at the end of the week and that he would be requested to fix the flooring. The deputy manager advised via email on 10 February 2020 that the flooring had been repaired. Due to this assurance an area for improvement was not identified. This flooring will be checked at the next inspection.

We reviewed a sample of personal medication records and medication administration records and found that they had been appropriately maintained. Medicines were observed to be stored securely and at the recommended temperature.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the home's environment, staffing and medicines management.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

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

There was evidence that robust systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Antibiotics and newly prescribed medicines had been received into the home without delay and appropriate records maintained.

The audits completed during the inspection indicated that residents were receiving their medicines as prescribed. One discrepancy was highlighted to the deputy manager for close monitoring.

We reviewed the midday meal in the main dining room. Tables had been laid appropriately for the meal. Food was served directly from the kitchen. Staff wore aprons and chatted with residents when serving the meals. Disposable clothing covers were offered to residents. The food served appeared nutritious and appetising. Staff advised that alternatives were available to ensure that each resident ate a nutritious meal.

Residents said:

- “The food is great. You would never be hungry here.”
- “The food is delicious. We are spoiled.”
- “Great food and plenty of it.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the dining experience and the administration of medicines.

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 compassionate?

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

We spoke with several residents during the inspection. All were complimentary regarding the care, staff, activities and the home's environment.

Residents said:

- “I love it here. You couldn't get a better home. I have a great room. You couldn't complain about anything here.”

- “The staff are very good. They would do anything for you.”
- “I would prefer to live at home, but you couldn’t get better care.”
- “The care is great. They cannot do enough for you.”

Of the questionnaires that were issued, five were returned from residents and five from relatives. The responses indicated that they were very satisfied with all aspects of the care.

Residents wrote:

- “Care is second to none.”
- “Everybody is so good.”

Relatives wrote:

- “The Glens is a home from home providing the highest standard of care. The staff are excellent, very happy with my aunt’s care.”
- “Care is above and beyond my expectation for my mother.”
- “Very happy with care in home for my aunt.”

Staff carry out a range of activities including quizzes, bingo, play your cards right, puzzles and reading with residents. Residents had recently enjoyed a ‘silent disco’. The arts and crafts therapist was due into the home at 15.00 on the day of the inspection. Residents also enjoyed music each Friday, monthly rhythm and movement and bimonthly yoga.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to ensuring that residents were provided with activities that they enjoyed, listening to and valuing residents and their representatives 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

6.6 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.

There were arrangements in place for the management of medication-related incidents. The deputy manager advised that staff knew how to identify and report incidents. We looked at a ranged of audits that were completed by the register manager and good outcomes were observed. We discussed how the audit process could be further developed to include monitoring the standard of maintenance of the personal medication records and the records pertaining to distressed reactions.

We discussed the Mental Capacity Act (Northern Ireland) 2016 and the Deprivation of Liberty Safeguards. The deputy manager advised that she had completed training and the trust had been requested to carry out capacity assessments with identified residents.

We met with all staff members briefly and had a discussion with one staff member. They advised that the home ran well and that staff were aware of how to report any concerns. They said that most staff had worked in the home for a long time and that residents were very well cared for.

Staff said:

“It is a well run home. Everyone is lovely. It is just very homely. We (residents and staff) all know each other. I have worked in bigger homes which made me realise just how lucky we (residents and staff) are here.”

Areas of good practice

There were examples of good practice found in relation to quality improvement, meeting residents' needs 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.



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