



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Establishment:	Glenowen Court
Establishment ID No:	1612
Date of Inspection:	1 March 2015
Inspector's Name:	Kylie Connor
Inspection No:	16660

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
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1.0 General information

Name of Home:	Glenowen Court
Address:	177a Andersonstown Road Belfast BT11 9EA
Telephone Number:	(028) 9060 2898
E mail Address:	mairead.mccartan@foldgroup.co.uk
Registered Organisation/ Registered Provider:	Mrs Fiona McAnespie Fold Housing Association
Registered Manager:	Ms Mairead McCartan
Person in Charge of the home at the time of Inspection:	Margaret Daly, Senior Care Worker
Categories of Care:	RC-I ,RC-PH(E)
Number of Registered Places:	44
Number of Residents Accommodated on Day of Inspection:	36
Scale of Charges (per week):	From £461
Date and type of previous inspection:	7 July 2014 Secondary Unannounced Inspection
Date and time of inspection:	1 March 2015 2.40pm to 5.10pm
Name of Inspector:	Kylie Connor

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 unannounced 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 (2011)

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 person in charge
- Examination of records
- Consultation with stakeholders
- File audit
- Inspection 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: Standard 9 Health and Social Care

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

Glenowen Court Housing-with-Care scheme provides care and support and operates as part of Fold Housing Association. It is situated in Andersonstown and is close to the Health Centre and convenient to local shops. The home is registered to accommodate 44 residents. Mairead McCartan is the registered manager.

There is accommodation in single flatlets/rooms with ensuite facilities over three floors. There are eight single ensuite flatlets/rooms on the ground floor and eighteen on the other two floors. Each flatlet has a telephone socket, television point, a fridge and a small kitchenette area with built in low and higher level cupboards.

There are adequate sitting areas and bathrooms throughout the home and a hairdressing salon on the ground floor. There are three dining rooms, one on each floor. There is an enclosed outdoor space and a car park.

The home is registered for 44 persons in the following categories of care:

RC – I (Old Age not falling into any other category)

RC – PH(E) Physical disability other than sensory impairment - over 65 years

7.0 Summary of inspection

This is a summary of an unannounced secondary care inspection of Glenowen Court Residential Home which took place on 1 March 2015 from 2.40pm to 5.10pm by Kylie Connor, Inspector. The person in charge was available for discussion, clarification and feedback during and at the conclusion of the inspection.

The home was observed to be clean, tidy and fresh smelling. One door was observed to be wedged open and a recommendation has been made. The inspector spoke to four residents individually, to two staff and three visitors. All expressed positive views regarding the conduct of the home and of the care and support provided. Good relations were observed between staff and residents.

The inspector examined the previous quality improvement plan. One recommendation was found to have been partly addressed. Two recommendations have been made following this inspection.

The inspection focussed on examining standard 9 Health and Social Care. The home attained the level of compliant in regard to this standard. There was evidence of systems, processes and records in place to effectively manage the health and social care of residents. Additional areas examined included complaints, compliments and activities. Further information is available in section 10.0 of the report.

The inspector wishes to acknowledge the full co-operation of the person in charge, residents, visitors and staff throughout the duration of the inspection. The inspector would like to thank all those involved for their time, open and honest conversation and for the hospitality received.

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 7 July 2014

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	27.1	<p>The building is kept clean and hygienic at all times and decorated to a standard acceptable for the residents.</p> <ul style="list-style-type: none"> • The chipped paintwork on skirting, around doorframes and walls should be made good • Confirm by return of QIP that the identified mal-odour has been eradicated. 	<p>Observation of the environment during the inspection evidenced that some areas have been addressed but chipped paintwork was observed in some areas of the home. This is partly re-stated.</p>	<p>Substantially compliant</p>

9.0 Inspection findings

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed:	COMPLIANCE LEVEL
9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	
Inspection Findings:	
The inspector reviewed three care records on the epic care system and in all cases the name and contact details and visits from each resident's General Practitioner, dentist, optometrist and where necessary, other members of the multi-disciplinary team was present. Care plans detailed residents' oral hygiene and continence support. Staff confirmed that residents visit their own dentist or the community dentist. Staff training records evidenced training in oral hygiene was provided in July 2013. A policy on promoting continence was in place.	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	
Inspection Findings:	
Discussions with staff members indicated that they were knowledgeable of residents' care needs and the action to be taken in the event of a health care emergency. Staff members confirmed that they are provided with mandatory training and that they regularly avail of refresher training and training in relation to the needs of residents and in regard to their role. Staff confirmed that they receive updates during staff handovers of any changes in a resident's condition and that the care plan is updated to reflect details of resultant changes in care provided to residents.	Compliant
Staff confirmed that they had unrestricted access to incontinence products, PPE equipment, bed-linen and towels.	

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.	COMPLIANCE LEVEL
Inspection Findings:	
The care records examined contained evidence of needs care assessment had been undertaken which informed care plans and risk assessments and there was evidence that the information is reviewed every three months or more frequently as required. There was evidence of liaison with a wide range of primary health and social care services and all contacts were clearly recorded in the medical section of each resident's records. Staff spoken to were able to describe the referral systems should a resident require the services of health care professionals.	Compliant
Criterion Assessed: 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.	COMPLIANCE LEVEL
Inspection Findings:	
Review of the care records and discussion with staff members confirmed that residents' representatives would accompany residents to the majority of appointments. There was evidence in residents progress notes of liaison with family following visits by the multi-disciplinary team. Where staff accompany residents to appointments, it was confirmed that residents' representatives are provided with information verbally and that this is recorded in the resident's care records. A review of one care record evidenced this. Discussions with one visitor confirmed good communication with the home and another visitor asked for an update regarding repairs. The person in charge confirmed this would be actioned.	Compliant

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	COMPLIANCE LEVEL
Inspection Findings: An examination of care records and discussions with staff confirmed there are arrangements in place to monitor the frequency of residents' health screening and appointments.	Compliant
Criterion Assessed: 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	COMPLIANCE LEVEL
Inspection Findings: Staff spoken to confirmed that residents' spectacles, dentures and personal equipment and appliances are maintained with assistance from staff. Care plans reviewed demonstrated support needed from staff and staff confirmed that they promote independence where possible.	Compliant

10.0 ADDITIONAL AREAS EXAMINED

10.1 Resident's consultation

The inspector met with four residents individually and greeted others throughout the duration of the inspection. All residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments included;

- "It's (the home) is magic. It's brilliant."
- "I'm feeling really relaxed here. The staff are very understanding."

10.2 Relatives/representative consultation

Three visitors who met with the inspector indicated their satisfaction with the provision of care and life afforded to their relative and complemented staff in this regard. A request for information was made in regard to repairs and the person in charge confirmed that this would be addressed. No concerns were expressed or indicated.

Comments received included:

- "The staff are very attentive."
- "The home is brilliant."
- "The staff are very good. It's great (getting laundry done) and you get your meals made."

10.3 Staff consultation

The inspector spoke individually with two staff members of different grades and roles. Discussion with staff identified that they felt well supported in their respective roles, that they had been provided with training and are provided with the relevant resources to undertake their duties. Staff demonstrated a very good awareness and knowledge of the needs of individual residents, their likes and preferences.

Comments received included:

- "It's a good atmosphere, there is good staff morale."
- "It's a very, very good place. We promote independent living."
- "The food is excellent."
- "Activities happen every single day."

10.4 Environment

The inspector viewed the home alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of good standard but it was identified that some areas were in need of painting and a recommendation has been re-stated. One door was observed to be wedged open and this was brought to staff members' attention during the inspection and at feedback. A recommendation has been made.

10.5 Activities

Discussions with residents, staff and a review of three care plans and the activity folder identified that the programme of activities provides positive outcomes for residents and is based on the identified needs and interests of residents. It was identified that activities are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. There was evidence that the programme promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events on occasion. Recent activities include: arts and crafts; pamper day; a quiz; spiritual activities and music based activities. Staff verified that they have enough equipment and staff have a range of responsibilities in regard to activities.

10.6 Complaints and Compliments

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

A review of the complaints, comments and concerns records during the year 2013 evidenced that there were no complaints.

A review of a random number of compliment records from April 2014 to the date of the inspection evidenced compliments from residents, their representatives and members of the multi-disciplinary team, expressing positive views in regard to: the food; the standard of care and support delivered to residents; the environment; staff team work and staff attitude.

11.0 QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mairead McCartan as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Secondary Unannounced Care Inspection

Glenowen Court

1 March 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Mairead McCartan, Registered Manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	27.1	<p>The building is kept clean and hygienic at all times and decorated to a standard acceptable for the residents.</p> <ul style="list-style-type: none"> • The chipped paintwork on skirting, around doorframes and walls should be made good 	Two	The remedial works to the chipped paint work on skirting, around door frames and walls has been referred to the Estates team for immediate resolution.	1 June 2015
2	29	Suitable hold open devices should be fitted to identified doors.	One	Free swing door closures are currently in place on all flatlet doors in Glenowen Court.	1 May 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Mairead Mc Cartan
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Fiona McAnespie

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	X	Kylie Connor	1/4/15
Further information requested from provider			