



Secondary Unannounced Care Inspection

Name of Establishment: Glenowen Court
Establishment ID No: 1612
Date of Inspection: 7 July 2014
Inspector's Name: Kylie Connor
Inspection No: 16622

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 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:	Martine Rainey, Senior Care Assistant
Categories of Care:	RC-I ,RC-PH(E)
Number of Registered Places:	44
Number of Residents Accommodated on Day of Inspection:	39
Scale of Charges (per week):	From £461
Date and type of previous inspection:	27 September 2013 Primary Announced
Date and time of inspection:	7 July 2014 2:10pm 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 an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this unannounced inspection was to ensure that 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. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

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 registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff and visitors
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings 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: Staff Supervision and Appraisal

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home'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

Fold Housing Association was established in 1976 and is a provider of housing care and support services in Northern Ireland. Fold is a not-for-profit voluntary housing association registered and regulated by the Department for Social Development (DSD). It is also registered by the Northern Ireland Housing Executive (NIHE) in their role as administrators of the Supporting People grant.

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 forty four residents and is not registered for day care.

There is accommodation for forty four residents in single flatlets/rooms with ensuite facilities over three floors. Each resident has their own key to their flatlet. 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 is adequate space in the flatlets for a small seating area.

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. The reception/foyer area of the home has recently been renovated and refurbished to include several seating areas for residents with excellent viewing through large floor to ceiling windows overlooking the home's car park.

7.0 Summary of inspection

This secondary unannounced care inspection of Glenowen Court was undertaken by Kylie Connor on 7 July 2014 between the hours of 2:10pm and 5:10pm. Mairead McCartan, Registered Manager was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements and recommendations made as a result of the previous inspection were also examined. There was evidence that the home has addressed all areas as required within the timescales specified. This is commended. The detail of the actions taken by Mairead McCartan can be viewed in the section following this summary.

The focus of this unannounced inspection was on standard 24 staff supervision and appraisal. Evidence demonstrated that supervisors are trained, that supervision is scheduled and takes place in excess of the requirements of the standard. Staff spoken with confirmed that supervision is supportive and promotes improvements in practice. Evidence confirmed that staff receive annual appraisals. There were processes in place to ensure the effective management of the standard inspected. The home achieved the level of compliant with this standard.

During the inspection the inspector met with residents, staff and a relative, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. The visitor indicated their satisfaction with the provision of care and life afforded to their relative.

Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

Comments received from residents and staff are included in section 10.0 of the main body of the report.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and in the main fresh smelling throughout. A recommendation has been made to improve some areas where paint is chipped or flaking and to confirm that a mal-odour has been eradicated.

No requirements and one recommendation has been made as a result of the secondary unannounced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, relative, registered manager and staff for their assistance, hospitality and co-operation throughout the inspection process.

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 27 September 2013

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	20 (1) (a)	The registered person shall, having regard to the size of the residential care home, the statement of purpose and the number and needs of residents ensure that at all times suitably qualified, competent and experienced persons are working at the home in such numbers as are appropriate for the health and welfare of residents.	Evidence from discussions with staff and the registered manager confirmed that this has been addressed.	Compliant
2	3 (1) Schedule 1	The homes statement of purpose should be reviewed specifically in regard to the matters listed in schedule 1 of the residential care homes regulations (2005).	Review of the statement of purpose evidenced that improvements identified at that time have been addressed. The inspector advised that during the primary inspection, it will be necessary to have included information in regard to restraint and restrictive practices which may be in use in the home.	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	11.3	The pre-review report should include the area of finance as detailed in the report and where possible involve residents in the preparation of the report.	Evidence of two care records reviewed confirmed that this has been addressed.	Compliant
2	16.1	The flow chart pertaining to the vulnerable adults' policy and procedure held in the home should be reviewed and improved to include referrals to the NISCC, RQIA and the Vetting and Barring Scheme. The registered manager should confirm that relevant referral(s) were made in regard to an identified incident.	Review evidenced that improvements have been made and the inspector advised of more recent changes and the registered manager gave assurances that this would be updated.	Compliant
3	19.6	Methods to involve residents' ideas and opinions in the recruitment process are further considered.	Discussions with the registered manager confirmed that this area was discussed with residents at a residents meeting and has been discussed with the organisations Human Resources department. Review of minutes of residents meetings dated October 2013 and February 2014 verified discussion took place. This has been addressed.	Compliant

4	17.10	Records are kept of all complaints and these include details of all communications with complainants, the result of any investigations and the action taken. The two complaints recorded in the registered provider report dated September 2013 should be recorded in the homes complaint record.	Discussions with the registered manager confirmed that a new complaints record book has been started from April 2014. Evidence revealed that records have been addressed.	Compliant
5	30	The process of the administration of medicines should be reviewed to ensure staff are not interrupted during medicine rounds.	Evidence following discussions with the registered manager confirmed that this has been addressed.	Compliant
6	29	The registered manager should inform the fire risk assessor of the identified resident's storage of aerosols and that the storage location, number and condition of these aerosols should be risk assessed and monitored.	Evidence following discussions with the registered manager confirmed that this has been addressed.	Compliant

9. STANDARD 24 - STAFF SUPERVISION AND APPRAISAL Staff are supervised and their performance appraised to promote the delivery of quality care and services.	
Criterion Assessed: 24.1 Managers and supervisory staff are trained in supervision and performance appraisal.	COMPLIANCE LEVEL
Inspection Findings:	
<p>A policy and procedure for staff supervision and appraisals policy was available in the home. Evidence confirmed following discussions with the registered manager and staff that the registered manager supervises the senior care assistants every other month and carries out their annual appraisal. The senior care assistants supervise care staff every other month and carries out their annual appraisal. The registered manager supervises auxiliary staff and carries out their annual appraisal.</p> <p>Evidence confirmed that senior care workers and acting senior care workers complete performance management training at the organisations head office for a half day every three years or more frequently if necessary or requested. The registered manager confirmed that she can review due dates of staff training via the computer and the human resources officer will email her to inform when staff members are due to complete the training. The registered manager confirmed that she completes this training.</p>	Compliant
Criterion Assessed: 24.2 Staff have recorded individual, formal supervision according to the home’s procedures and no less than every six months for staff who are performing satisfactorily. More frequent recorded supervision is held for new staff and staff who are not performing satisfactorily.	COMPLIANCE LEVEL
Inspection Findings:	
<p>A review of a supervision planner and two staff files confirmed that this is addressed.</p>	Compliant

STANDARD 24 - STAFF SUPERVISION AND APPRAISAL**Staff are supervised and their performance appraised to promote the delivery of quality care and services.**

Criterion Assessed:	COMPLIANCE LEVEL
24.3 Supervision sessions are planned in advance and dedicated time set aside.	
Inspection Findings:	
Evidence demonstrated that supervision is planned at the start of the calendar year for senior care assistants. Staff spoken with confirmed that senior care assistants schedule a supervision date for care assistants a few weeks in advance and care staff are informed. Staff spoken to confirmed that they find supervision supportive and helpful.	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
24.4 Supervisory staff report any serious and/or recurring issues arising in supervision to the manager.	
Inspection Findings:	
Evidence following discussions with staff and the registered manager confirms that this is addressed. The registered manager confirmed that she reads all completed supervision records.	Compliant
STANDARD 24 - STAFF SUPERVISION AND APPRAISAL	
Staff are supervised and their performance appraised to promote the delivery of quality care and services.	
Criterion Assessed:	COMPLIANCE LEVEL
24.5 Staff have a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans.	
Inspection Findings:	
Evidence following discussions with staff, the registered manager and a review of two staff records evidenced this is addressed.	Compliant

<p>Criterion Assessed: 24.6 Staff who are contracted to undertake specific services receive guidance and support that corresponds to their role and responsibilities.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings: Evidence following discussions with the registered manager confirmed that there is occasional use of agency staff and that there is currently no staff contracted in to undertake specific services at present. Therefore this is not applicable at this time.</p>	<p>Not applicable</p>

<p>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

10.0 ADDITIONAL AREAS EXAMINED

10.1 Resident's consultation

The inspector met with nine residents either individually or in a small group. Residents were observed relaxing in the communal areas of the home whilst others were either resting or engaging in an activity in their bedrooms. In accordance with their capabilities, all residents indicated/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 received included:

- "This has been the best place I have been in. I like the staff the way they care for you, they look out for you. They have activities for us each day."
- "Staff are well mannered and give respect."
- "The food is nice and the kitchen staff good."
- "I love it, all staff are very nice and helpful. It's one big family here."
- "Next to my home it's a good place to be, you're never lonely."
- "Couldn't ask for better."

10.2 Relatives/representative consultation

One relative who met with the inspector indicated that they had not visited the home in a long time but had no concerns with the provision of care and life afforded to their relative.

10.3 Staff consultation

The inspector spoke with two members of staff. Discussion with staff identified that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of residents.

Comments received included:

- "We've been on a lot of courses."
- "(During supervision) they can suggest how we can improve."
- "Staff and the manager are very good, very thorough in their work."

10.4 Visiting professionals' consultation

No professionals were spoken to during the course of the inspection.

10.5 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 appropriate to the needs of the residents. One mal-odour was detected and discussed with the registered manager who provided information regarding the cause and how staff are responding. The paintwork on skirting and around doorframes in the home was observed to be chipped and paintwork on the walls in the ground floor lounge was marked and flaking in areas. A recommendation has been made.

The registered manager stated that the plans to build a smoke room are under review and agreed to keep the estates inspector and the care inspector informed of any new plans.

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.

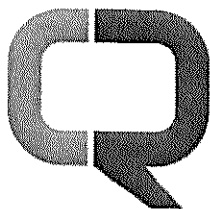
The timescales for completion commence from the date of inspection.

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**



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan

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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 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 (2008), 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 • Confirm by return of QIP that the identified mal-odour has been eradicated 	One	<p>Remedial works to chipped skirtings and door frames has been referred to the Estates team for resolution.</p> <p>The malodour notified on the day of inspection was the result of an episode of incontinence which was being managed as the inspection was occurring and following which the carpet in the dwelling concerned was rota washed, that same day.</p>	1 September 2014

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 and returned to care.team@rgia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Mairead McCartan
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	✓	K. Connolly	11/8/14
Further information requested from provider			