



Announced Care Inspection Report 10 September 2020



Glenowen Court

Type of Service: Residential Care Home
Address: 177a Andersonstown Road, Belfast, BT11 9EA
Tel No: 028 9060 2898
Inspector: Debbie Wylie

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 registered to provide residential care for up to 44 residents.

3.0 Service details

Organisation/Registered Provider: Radius Housing Association Responsible Individual: Fiona McAnespie	Registered Manager and date registered: Siobhan Savage 2 November 2015
Person in charge at the time of inspection: Siobhan Savage, registered manager	Number of registered places: 44 A maximum of : RC-DE 10, RC-LD/LD (E) 5, RC-SI 2, RC-MP/MP (E) 3
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia LD - Learning Disability LD (E) – Learning disability – over 65 years SI – Sensory impairment. MP - Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years PH (E) - Physical disability other than sensory impairment – over 65 years	Total number of residents in the residential care home on the day of this inspection: 39

4.0 Inspection summary

An announced inspection took place on 10 September 2020 from 10:00 to 15:15 hours. Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

Following a risk assessment RQIA decided to undertake a remote inspection of this home. The following areas were examined during the inspection:

- Staffing
- Management arrangements
- Governance systems
- Infection Prevention and Control (IPC)
- Quality of life for residents
- Quality improvement.
- Nutrition.

Residents consulted spoke positively on living in Glenowen Court and some of their comments are found in the main body of the report.

The findings of this report will provide Glenowen Court 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	2	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Siobhan Savage, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To reduce the risk to residents during the pandemic outbreak, this inspection was carried out remotely. Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Staff duty Rotas
- Staff training records
- A selection of quality assurance audits for March to July 2020
- Regulation 29 monthly quality monitoring reports for May to July 2020
- Complaints analysis from March to July 2020
- A selection of compliments from January to July 2020
- Incident and accident analysis records from March to July 2020
- Minutes of residents'/relatives' meetings from January to July 2020
- Minutes of staff meetings from January to July 2020
- Activity planner for July 2020
- Menus for July 2020
- Management structure of the home
- On call cover arrangements for the home
- Three residents' care records.

During the inspection RQIA were able to consult with residents and staff using zoom technology.

Questionnaires were also sent to the manager in advance of the inspection to obtain feedback from residents and residents' representatives and staff. Ten patients' questionnaires, ten residents' relatives/representatives questionnaires and ten staff questionnaires were left for distribution. A poster was provided to the manager to display and distribute to residents' representatives with details of the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

Following a review of the information submitted to RQIA, the inspection took place via zoom, with Siobhan Savage, manager.

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 previous inspection(s)

The most recent inspection of the home was an unannounced care management inspection undertaken on 4 March 2020.

There were no areas for improvement identified as a result of the last care inspection.

6.2 Inspection findings

6.2.1 Staffing arrangements

We spoke with the manager at the start of the inspection who confirmed that staffing levels in the home were responsive to the level of dependence of the residents. Review of the staff rotas confirmed that staffing was maintained and safe however the person in charge was not readily identifiable. This was discussed with the manager and was put in place on the rota. Discussion with staff also confirmed that they felt staffing levels were well maintained and they had no concerns. Staff told us:

“There are enough staff to cover all areas.”

“There are good staffing levels.”

“We all cover shifts for each other if this is needed.”

We saw that staff were available and responded in a timely manner to the needs of residents. As part of the inspection we asked residents, family members and staff to provide us with comments on staffing levels via questionnaires. Seven questionnaires were returned showing there were no concerns about staffing levels in the home.

Staff told us they knew their roles and responsibilities and received the training to enable them to provide appropriate care for residents. We reviewed the staff training matrix which confirmed that staff were receiving training and had dates planned for further training.

6.2.2 Management arrangements

There was a clear management structure within the home and documents reviewed showed that management cover was provided in the home over a 24 hour period. Contact details were available for the manager and senior care staff for contact in the event of an emergency.

Staff spoken with also confirmed that they knew who to contact in the event of an emergency. Staff also told us that the manager was always available and they felt that she was supportive and they could speak to her at any time.

The manager and staff confirmed that the care services manager can also be contacted and is available to provide on-call cover when required.

6.2.3 Governance systems

The manager confirmed that residents admitted to the home were assessed to ensure that the correct care could be provided to meet their needs.

Interaction between the manager and staff was observed to be respectful and relaxed with good communication regarding daily life in the home and residents' care. Staff told us:

"The manager is always available."

"The manager is very approachable and the team all help each other."

A variety of quality audits were reviewed prior to the inspection including: nutrition, restrictive practices, care records and wound care. The records were well documented and showed that there was management oversight of the quality of care provided to residents in the home. Review of the falls audit however identified that not all notifiable incidents were reported to RQIA and the monthly monitoring visits did not identify the lack of reporting. This was discussed with the manager and an area for improvement was made.

The record of the quality monitoring visits were reviewed from May to July 2020. The reports were completed on a monthly basis and available for review.

Complaints in the home were monitored on a monthly basis. There was one complaint since January 2020 which was well documented with the actions taken and satisfaction with the outcome of the action taken.

We provided questionnaires for residents and relatives to complete. Six questionnaires were returned and stated that they were either satisfied or very satisfied that care was safe, effective, compassionate and well-led.

6.2.4 Infection prevention and control (IPC)

The manager confirmed that the home has remained free from Covid-19 throughout the pandemic. The home appeared clean and tidy on the day of inspection. The lounge and a number of bathrooms and residents bedrooms were inspected and found to be clean and well presented. However, light pulls and nurse call pull chords in bathrooms and some bedrooms were not covered which prevented appropriate cleaning and in one store room boxes were stored on the floor. This was discussed with the manager and an area for improvement was made.

Hand sanitising units and personal protective equipment (PPE) stations were seen throughout the unit and were available at the front entrance for anyone who entered the building. Temperature checks were recorded twice daily for both staff and residents and for any professionals who entered the building. Staff spoken with confirmed that temperature checks were recorded and documented and there was a good supply of PPE. Staff were observed wearing appropriate PPE including masks aprons, gloves and visors throughout the home. Staff confirmed that visiting professionals also conformed to temperature checks and use of appropriate PPE when in the home.

6.2.5 Quality of life for residents

Residents were seen to be relaxed and comfortable in the home. Residents' own rooms were decorated with their own belongings and memorabilia. The garden area was tidy and used frequently by the residents who enjoyed the warm weather. The dining rooms were set for lunch with flowers and condiments on the tables.

The lunch time meal was served in the dining room and in residents' own rooms for those who preferred this. Residents chatted about their job roles during their working life as the meals were served. Residents were provided with a choice of meal and drink and told us:

"I enjoyed the lunch today."

"There was lovely jam sponge and custard."

"We had a lovely lunch."

There was no menu displayed for residents or their relatives to see what was planned for the daily meals. This was discussed with the manager who agreed to put this in place. This will be reviewed at the next care inspection.

No activities were taking place at the time of inspection but several residents confirmed that they took part in activities regularly. There were planned activities including car park concerts, painting, pamper sessions and reminiscence therapy which residents confirmed they enjoyed.

There were lovely examples of compliments received by the home throughout 2020 including:

"Thank you for all your kindness and care."

"Thank you for the excellent care and concern you showed mum."

"Thank you, I really enjoyed the activities and am really looking forward to the country and western night."

6.2.6 Quality improvement.

The manager told us of planned improvements for the garden area as the residents liked to spend time there in the summer months. This included a patio heater for the autumn months.

A tablet and mobile phone had been purchased to provide communication for residents and their families during the current pandemic. The tablet has also been used for zoom classes for residents to stimulate exercise, coordination, memories and conversation.

Extra musical and acting entertainment has been provided outside the home to entertain residents due to restricted visiting during the COVID - 19 pandemic.

6.2.7 Nutrition

We reviewed the menus prior to the inspection for the month of July 2020 which evidenced that there was a variety of all food groups included for provision of nutritious meals. A choice of main course was available for all residents including those on modified diets.

We saw that nutritional audits were completed to monitor provision of nutrition in the home. The audits were well documented and showed that nutritional care was of a high standard.

We also reviewed resident's weight records, malnutrition scores and nutritional care plans and saw that they were maintained and up to date with residents' current nutritional care needs. Staff spoken with has a good knowledge of residents who were on special diets and who needed assistance with their meals.

Documentation reviewed also showed evidence that staff also liaised with other professionals such as the dietician and speech and language therapists when this was required to avail of advice and review opportunities for those residents who required nutritional assistance.

Areas for improvement

The following areas were identified for improvement in relation to: reporting of notifiable events to RQIA and infection prevention and control.

	Regulations	Standards
Total number of areas for improvement	2	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 Savage, 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 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 via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 30</p> <p>Stated: First time</p> <p>To be completed by: immediately from the day of inspection</p>	<p>The registered person shall ensure that all notifiable incidents are reported to RQIA.</p> <p>Ref: 6.2.3</p> <p>Response by registered person detailing the actions taken: Actioned, Senior team have been reminded of the process and the registered manager is monitoring this.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13(7)</p> <p>Stated: First time</p> <p>To be completed by: immediately from the day of inspection</p>	<p>The registered person shall ensure that light pulls and nurse call pull chords are appropriately covered to allow effective cleaning and boxes in store rooms are stored on shelves.</p> <p>Ref: 6.2.4</p> <p>Response by registered person detailing the actions taken: All actioned.</p>

Please ensure this document is completed in full and returned via Web Portal



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