

Unannounced Care Inspection Report 12 September 2017



Glenowen Court

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

www.rqia.org.uk

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 44 beds that provides care for residents within the categories of care the home is registered for as described in the table in Section 3.0.

3.0 Service details

Organisation/Registered Provider: Fold Housing Association Responsible Individual: Mrs Fiona McAnespie	Registered Manager: Siobhan Savage
Person in charge at the time of inspection: Martine Rainey, Senior Care Worker	Date manager registered: 2 November 2015.
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia MP - Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years LD - Learning Disability LD (E) – Learning disability – over 65 years PH (E) - Physical disability other than sensory impairment – over 65 years SI - Sensory impairment	Number of registered places: 44 places comprising: 44 – I 44 - PH (E) 10 - DE 05 – LD / LD (E) 02 – SI 03 – MP/MP(E)

4.0 Inspection summary

An unannounced care inspection took place on 12 September 2017 from 11:30 to 16:40.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified since the last care inspection and sought 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 training, communication between residents, staff and other key stakeholders, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified in regard to the management of the temperature in the home, safe management of looped pull-cords and care plans for the management of diabetes.

Residents and their representatives said that they were happy with the standard of care delivered, the environment, meals and activities.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Martine Rainey, Senior Care Worker, 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.

4.2 Action/enforcement taken following the most recent care inspection

No further actions were required to be taken following the most recent inspection 22 March 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with seven residents, three care staff, three ancillary staff and one resident's representative.

Questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Nine questionnaires were returned within the requested timescale.

The following records were examined during the inspection:

- Two staff supervision and annual appraisal records
- Staff training schedule/records
- Seven residents' care records
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of accidents and incidents (including falls, outbreaks)
- Accident/incident/notifiable events register
- Minutes of recent residents' meeting
- Monthly monitoring reports
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities
- Policies and procedures manual

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 22 March 2017

The most recent inspection of the home was an unannounced care inspection.

6.2 Review of areas for improvement from the last care inspection dated 22 March 2017

There were no areas for improvements made as a result of the last care inspection.

6.3 Inspection findings

6.4 Is care safe?

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

The person in charge discussed the staffing levels for the home and advised that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

Discussion with staff, inspection of two staff records and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training was maintained and was reviewed during the inspection.

Arrangements were in place to monitor the registration status of staff with their professional body. Care staff spoken to advised that they were registered with the Northern Ireland Social Care Council (NISCC).

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the new procedures and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was scheduled to take place in October 2017.

Discussion with the person in charge, review of accident and incidents notifications, care records and complaints records confirmed that any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained. The person in charge advised there were risk management procedures in place relating to the safety of individual residents. Discussion with the person in charge identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The person in charge advised there were restrictive practices employed within the home, notably locked doors, biometric passes and management of residents' smoking materials. Discussion with the person in charge regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

The person in charge advised there were risk management policy and procedures in place. The person in charge advised that while contractors were currently working in the home, staffing levels had been increased to improve the level of supervision of residents.

The training schedule confirmed that training in Infection Prevention and Control (IPC) was scheduled to take place in January 2018. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, and disposable towels wherever care was delivered. The person in charge advised that staff carry small bottles of alcohol gel. Following the inspection, the registered manager advised that the home would provide foam pumps in en-suites. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were only displayed on a notice board outside the kitchen. Following the inspection, the registered manager advised that notices would be displayed throughout the home in both written and pictorial formats.

The person in charge reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A notice at the front door indicated that a programme of re-decoration was taking place. Workmen were observed laying flooring and residents and staff commented that the work wasn't disturbing them. A general inspection of the home was undertaken and residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling and clean.

The temperature within the home felt warm and a number of staff commented on this. A temperature gauge situated in the foyer indicated that the temperature was 25 degrees Celsius when checked on three occasions. The temperature should be maintained between 19 and 22 degree Celsius. An area for improvement was identified. Action is required to comply with the standards. Following the inspection the registered manager advised that new staff uniforms made from a lighter material had been ordered and that there are plans to improve the

ventilation at the entrance of the home. Discussion took place regarding the need to manage the temperature throughout the whole building, including the two upper floors. Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors.

Two hazards to the health and safety of residents, visitors and staff were identified. A large table top fan and an electric storage radiator were situated on the floor adjacent to and partially restricting access to a final fire exit door; a number of looped pull-cords used on window blinds were no longer attached to a safety catch in place; a number of pull-cords did not have a safety catch in place both posing a risk of strangulation. During the inspection the fan and radiator were removed from the final fire exit door area and assurances were provided by the person in charge that this risk would be communicated to all staff. One area for improvement was identified. Action is required to comply with the standards.

The home's most recent fire risk assessment was not available during the inspection. Following the inspection the registered manager advised the inspector that this had been carried out on 15 May 2017 and all recommendations had been actioned.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on 16 June 2017 and another was scheduled to take place during September 2017. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting, call system and means of escape were checked weekly/monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Staff spoken with during the inspection made the following comments:

- "We have our own staff meeting."
- "(The frequency of supervision is) quite regular."
- "It's dementia and challenging behaviour (training) tomorrow. I find those trainings interesting."

Nine completed questionnaires were returned to RQIA from residents, residents' representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Residents made the following comments:

- "Staff are always on the floor and I can go to them."
- "Very safe."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal and the home's environment.

Areas for improvement

Two areas for improvement were identified in regard to managing the temperature within the home and ensuring that all looped cords are secured with a safety clip and the arrangements for monitoring these are reviewed.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

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

Discussion with the person in charge established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of seven care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. When a resident had diabetes, this was referenced in a care plan pertaining to nutrition. However, a diabetes management care plan was not in place. An area for improvement was identified. Action is required to comply with the standards. Following the inspection the inspector forwarded to the person in charge the (PHA) Best Practice Guidance for the management of diabetes in nursing and residential homes, February 2017. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice. Staff spoke of the importance of choice and of tailoring activities to residents' interests.

The person in charge advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of accidents and incidents (including falls, outbreaks), hygiene and medication were undertaken. Further evidence of audit was contained within reports of monthly monitoring visits.

The person in charge advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The person in charge and staff advised that management operated an open door policy in regard to communication within the home.

Residents and a representative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were reviewed during the inspection. Following the

inspection, the person in charge advised that a residents representatives meeting had taken place on 20 September 2017.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Staff spoken with during the inspection made the following comments:

- “The workmen have been brilliant.”
- “For what is getting done, (re-decoration work) it has been fine.”

Nine completed questionnaires were returned to RQIA from residents, residents’ representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

A comment received from a resident’s representative was as follows:

- “I feel the care my mother receives is both professional and handled with compassion and dignity.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, communication between residents, staff and other key stakeholders.

Areas for improvement

One area for improvement was identified in regard to care plans for residents diagnosed with diabetes.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 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.

The person in charge advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents’ spiritual and cultural needs, were met within the home.

The registered manager, residents and their representatives advised that consent was sought in relation to care and treatment. Discussion with residents, a representative and staff along with observation of care practice and social interactions demonstrated that residents were treated

with dignity and respect. Staff confirmed their awareness of promoting residents' rights, independence and dignity. They were able to demonstrate how residents' confidentiality was protected.

The person in charge and staff advised that residents were listened to, valued and communicated with in an appropriate manner. Residents advised that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents, a representative and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. These included, for example, residents' meetings, representatives' meetings and annual reviews.

The registered manager advised that residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read.

Discussion with staff, residents, a resident's representative, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Staff and residents spoke of how the home celebrates mothers' day and fathers' day, of arranging an Elvis impersonator to come and entertain residents, going for walks, singing and musical entertainment. Arrangements were in place for residents to maintain links with their friends, families and wider community. Residents spoke of going out for a local café, going to local shops and of their family and friends coming to visit. Staff spoke of a variety of local schools, colleges, voluntary and faith organisations visiting the home.

Residents and staff spoken with during the inspection made the following comments:

- "The staff are good at their job. They all work together. The food is good, you get a choice. You can get sandwiches if you want instead." (resident)
- "They are laying carpet, it's nice. They are nearly finished upstairs." (resident)
- "They are very attentive." (resident)
- "I've gone to a couple (of residents' meetings), they are alright. We talk about meals and getting together, activities, socials." (resident)
- "Great menus for the meals. It's very tasty." (resident)
- "I go to some of them (activities)." (resident)
- "I like the radio and go for long walks. I go when the music man comes." (resident)
- "This is their home, not ours." (staff)
- "They (kitchen staff) know residents likes and dislikes and cater for differences, it's flexible." (staff)
- "Activities are constant in here. We do shopping, bowls, pet day, they love it." (staff)

Nine completed questionnaires were returned to RQIA from residents, residents' representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

A comment received from a resident's representative was as follows:

- "I find that staff are very often proactive and will ask for opinions from me and offer feedback."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and activity provision.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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

The person in charge outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home's statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

Residents and their representatives were made aware of how to make a complaint by way of the Residents Guide and information on display in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

A Complaints policy and procedure was in place and dated 4 May 2015. Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. Some staff were scheduled to attend activity training in February 2018 and training in dementia awareness had taken place in June 2017 and scheduled for September 2017.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous quality improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The person in charge advised that the registered provider was kept informed regarding the day to day running of the home.

The person in charge advised that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers' liability insurance certificate were displayed.

Review of governance arrangements within the home confirmed that the registered provider responds to regulatory matters in a timely manner.

Review of records and discussion with the person in charge and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The person in charge advised that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The person in charge advised that staff could also access line management to raise concerns and that they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

Residents spoken with during the inspection made the following comments:

- "The manager is a nice person, easy to get on with and she talks to you."
- "Manager is very pleasant, she knows what she is doing, she's thorough."

Nine completed questionnaires were returned to RQIA from residents, residents' representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

A resident's representative commented:

- "I feel the home is well managed and the staff are motivated and professional. I have always been kept informed of my (relatives) condition and care package by home manager."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement 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

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Martine Rainey, Senior Care Worker and following the inspection with Siobhan Savage, Registered 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 care 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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 27.2 Stated: First time To be completed by: 30 November 2017	The registered person shall ensure that the temperature within the home is managed to ensure it is maintained between 19 and 22 degrees Celsius. Ref: 6.4 Response by registered person detailing the actions taken: Maintenance work requested for heating system to ensure temperature may be maintained within specified limits. Ventilation windows are being installed at the foyer as part of the refurbishment work.
Area for improvement 2 Ref: Standard 28.1 Stated: First time To be completed by: 10 October 2017	The registered person shall ensure that all looped pull-cords are secured to the wall to prevent strangulation and the arrangements for monitoring these are reviewed. Ref: 6.4 Response by registered person detailing the actions taken: Actioned.
Area for improvement 3 Ref: Standard 6.2 Stated: First time To be completed by: 30 October 2017	The registered person shall ensure that a diabetes management care plan is in place for any resident diagnosed with the condition. Ref: 6.5 Response by registered person detailing the actions taken: Care Plan has been reviewed and includes bespoke information from diabetes community nurse.

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



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