

Unannounced Care Inspection Report 29 March 2018



Glenowen Court

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

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.

1.0 What we look for



2.0 Profile of service

This is a residential care home which is registered to accommodate and provide care for forty four residents including a maximum; admission of ten people with Dementia, five people with learning disability, two people with sensory impairment and three people with a mental health illness.

3.0 Service details

Organisation/Registered Provider: Fold Housing Association Responsible Individual: Fiona McAnespie	Registered Manager: Siobhan Savage
Person in charge at the time of inspection:	Date manager registered: 2 November 2015
Categories of care: Residential Care (RC) I - Old age not falling within any other category X 24 residents DE – Dementia X 10 residents MP / MP (E)- Mental disorder X 3 residents LD / LD (E) - Learning Disability X5 SI – sensory impairment X 2 residents	Number of registered places: 44 within the identified categories of care

4.0 Inspection summary

An unannounced care inspection took place on 29 March 2018 from 10.00 to 16.10 hours.

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 during and 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 throughout the inspection in relation to governance arrangements, staffing, staff training, supervision / appraisal, quality improvement and maintaining good working relationships.

Areas requiring improvement were identified included; further work on audits, checking of portable electric appliances, and additional information to reflect the good work undertaken in regard to quality assurance.

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 Siobhan Savage, registered 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.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 20 February 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Statement of Purpose
- Staff induction
- Staff training
- Staff duty roster
- Staff supervision and appraisal schedules
- Three care records
- Individual resident agreement
- Accidents / incidents/events
- Complaints
- Audits
- Monthly monitoring
- Policies / procedures
- Fire safety
- Fire Risk Assessment

During the inspection the inspector met with twelve residents, five staff and two residents' representatives.

A total of ten questionnaires were provided for distribution to residents / representatives and for completion and return to RQIA. Nine completed questionnaires were returned from residents/representatives following the inspection. A poster providing information for staff on how to obtain and return questionnaires to RQIA was provided. No questionnaires were received from staff.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessments
- Staff training schedule/records
- Staff recruitment file(s)

- Three resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits
- Equipment maintenance
- Accident/incident/notifiable events
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Policies and procedures manual

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as 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 12 September 2017

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

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 12 September 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 27.2 Stated: First time	The registered person shall ensure that the temperature within the home is managed to ensure it is maintained between 19 and 22 degrees Celsius.	Met
	Action taken as confirmed during the inspection: Monitoring of the heating within the internal environment was conducted by staff to ensure the home was comfortably heated. Residents who spoke with the inspector advised that the home was always nicely heated.	
Area for improvement 2 Ref: Standard 28.1 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The registered manager explained that all pull-cords were secured to the wall. This was observed during the inspection.	
Area for improvement 3 Ref: Standard 6.2 Stated: First time	The registered person shall ensure that a diabetes management care plan is in place for any resident diagnosed with the condition.	Met
	Action taken as confirmed during the inspection: The registered manager explained that following consultation with the district nursing sister residents with diabetes had their care plans reviewed and revised to ensure that care provided was in accordance with best practice as provided by the district nurse. Two care plans viewed reflected management of diabetes.	

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 registered manager explained the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No issues or concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed and found to satisfactory.

The registered manager explained that all staff recruitment records were retained at Radius personnel department head office. Written confirmation of compliance with employment legislation as set within The Residential Care Homes Regulations (Northern Ireland) 2005 and DoH Residential Care Homes Minimum Standards (2011) was received from head office during the inspection.

Enhanced Access NI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body with records retained.

The adult safeguarding policy and procedure provided was dated 23 September 2014. The registered manager explained that review and revision of this policy was a work in progress to ensure detail was consistent with the current DoH regional policy. The registered manager advised that the Champion for adult safeguarding had been identified. In accordance with DoH policy the development of the Champion's first annual position report on Adult Safeguarding April 2018 - March 2019 will be required.

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 evidenced that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager and review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained. The registered manager explained that two safeguarding issues reported were screened/investigated and that she was waiting for written confirmation of closure.

Discussion was held with the registered manager regarding the high number of accidents/incidents notifications forwarded RQIA. The registered manager explained that a monthly falls audit was undertaken with records retained and summary report developed. Discussion was held on the wider accident / incident issues and the benefit of undertaking and recording regular monthly audits to enable the identification of trends / patterns and action plans.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion of the testing of residents' portable electrical appliances was discussed with the registered manager as it was noted that there was no recorded evidence label on two toasters within residents' rooms. The registered manager readily agreed to organise a check of all such appliances and where necessary measures would be put in place to ensure these were not used until checks were undertaken.

Discussion with the registered manager 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 registered manager confirmed that equipment in use in the home were well maintained and regularly serviced. Records of service maintenance were in place.

A general inspection of the home was undertaken. Residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated throughout. Resident/relatives responses within RQIA questionnaires indicated the environment was safe and clean.

Inspection of the internal environment identified that the home was tidy, safe, suitable for and accessible to residents, staff and visitors. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce any identified risk where possible.

The home had an up to date fire risk assessment which was dated 15 May 2017. Recommendations made were noted to be addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually with fire drills undertaken. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment; fire safety equipment were checked weekly/monthly as required. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Care staff spoken with during the inspection gave positive feedback in regard to the safe care provided. No issues or concerns were raised or indicated.

Residents spoken with during the inspection gave positive feedback on the safe care provided within the home. Comments made included;

- “The care here is good and I wouldn’t want to move out.”
- “Staff kind and always about if needed.”
- “No problems with the care what so ever.”

A total of ten satisfaction questionnaires were completed and returned to RQIA from residents/representatives. All respondents indicated they were very satisfied that the care provided was safe

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding, risk management and the home’s environment.

Areas for improvement

Two areas of improvement identified related to the undertaking of monthly audits of all accidents / incidents and ensuring all portable electric appliances are PAT checked.

	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 registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Electronic care records are retained with hard copy back up retained. Care staff have direct access, via password, to monitors placed within corridors. A review of three 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.

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/or 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. An individual agreement setting out the terms of residency was in place and appropriately signed. Records were stored safely and securely in line with data protection.

The registered manager explained the quality assurance methods utilised to ensure that care was effective. Methods included; audits of medications, fire safety, monthly falls, care plans and environmental cleanliness and resident satisfaction questionnaires.

The annual quality report (2017) reviewed was very well presented and contained a wide range of information on the activity and various programmes which are ongoing within the home. The inclusion of systems in place for reviewing at appropriate intervals the quality of care and improvements made was recommended. For example; outcome of audits undertaken, resident satisfaction surveys conducted alongside action taken and any improvements made as a result.

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

Residents and two relatives spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives. Minutes of resident meetings retained were reviewed during the inspection.

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. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Residents spoken with during the inspection made the following comments:

- "Staff do their best, always available."
- "Yes, the care I receive is effective."
- "The staff know how to care for me."
- "I am kept fully informed of my care needs."

A total of ten satisfaction questionnaires were completed and returned to RQIA from residents / representatives. All respondents indicated they were very satisfied that the care provided was effective

Staff spoken with during the inspection made the following comments:

- "I feel the care provided is very effective and we have the necessary resources and training to ensure good care is provided."
- "Staffing is satisfactory to meet the care needs of residents."

Areas of good practice

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

Areas for improvement

One area for improvement related to the inclusion of the systems in place for reviewing, at appropriate intervals, the quality of care and improvements made within the annual quality report.

	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 registered manager confirmed 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 were in place which supported the delivery of compassionate care.

The registered manager, residents and staff confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representatives 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 and were able to demonstrate how residents' confidentiality was protected.

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

Discussion with staff, residents, representatives 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. For example residents' meetings, annual reviews satisfaction surveys and monthly monitoring visits made on behalf of the registered provider.

Residents are consulted with, at least annually, about the quality of care and environment by way of satisfaction survey. The findings from the survey were collated into a summary report which was made available for residents and other interested parties to read. Analysis of the outcome of the survey was shared with residents / representatives by way of a summary report displayed on the notice board. The registered manager agreed to include the action taken to address negative responses and improvements made in the annual quality report.

Staff, residents and two representatives spoken with during the inspection gave positive responses in regard to the compassionate care provided.

Ten completed questionnaires were returned to RQIA from service users, staff and relative. Respondents described their level of satisfaction with this aspect of care as very unsatisfied.

Residents who spoke with the inspector commented:

- “Staff is always respectful.”
- “Staff asks for consent to provide care.”
- “Great staff, very approachable.”

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 taking account of the views of residents.

Areas for improvement

One area identified for improvement related to the recording of action taken to address negative responses within the analysis of resident satisfaction survey alongside action taken within the resident satisfaction report.

	Regulations	Standards
Total number of areas for improvement	0	1

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 registered manager 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.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home’s Statement of Purpose and Residents Guide. Discussion with the registered manager identified that she had understanding of their role and responsibilities under the legislation.

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

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 retained included details of any investigation undertaken and communication with complainants. The registered manager agreed to ensure resolution was recorded within complaints records. Complaints received are subject to review as part of corporate governance at monthly performance meetings held with senior and operational management teams.

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.

The registered manager confirmed 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 (28 June 2017) were displayed.

The registered categories of care and number of dementia residents was discussed with the registered manager who explained that no further residents with a diagnosis of dementia would be admitted as the registered maximum number of ten residents were currently accommodated. Two residents had developed dementia over time since admission. Staff training in dementia awareness and best practice was provided during September/October 2017. The possibility of the provision of a small dementia unit within the home was discussed.

Review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed 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 registered manager confirmed that staff could also access line management to raise concerns 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:

- "I think the home is very well led and the manager is always about."
- "Good manager, sees to everything."
- "Very good manager. No issues, I know I can speak to her if I need to."
- "Staff provide care to a good standard so the home must be well led."

Ten completed questionnaires were returned to RQIA from service users and relatives. Respondents described their level of satisfaction with this aspect of the service as very unsatisfied.

Resident/resident's representative commented:

- "I can speak with the manager at any time I choose."
- "The manager is a good listener."
- "Nice manager who sees to everything."
- "We always know who is in charge at any time."
- "I know how to make a complaint, there is a notice displayed."

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 of improvement were identified.

	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 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	
<p>Area for improvement 1</p> <p>Ref: Standard 20.2</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2018 and ongoing</p>	<p>The registered person shall ensure that monthly audits of accidents/incidents are conducted to enable identification of trends and patterns. Action plans should be developed to address issues to minimise recurrence.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The current process for review will be enhanced and will be included as part of the Monthly Monitoring Visit report.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 27.8</p> <p>Stated: First time</p> <p>To be completed by: 5 April 2018</p>	<p>The registered person shall ensure that all portable electrical appliances have had a PAT (Portable Electric Appliance) tested to ensure these are in safe working order. Where necessary action should be taken to ensure these are not used until checks were undertaken. (Electric Appliances at Work Regulations)</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Actioned.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 31 June 2018</p>	<p>The registered person shall ensure that the annual quality report reflects systems in place for reviewing at appropriate intervals the quality of care and improvements made as a result of audits undertaken. For example; analysis of audits undertaken, resident satisfaction surveys conducted alongside action taken and improvements made as a result.</p> <p>The registered person should ensure the recording of action taken to address negative responses from the residents' satisfaction survey and the action taken / improvement made, within the resident annual satisfaction report.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The current format for the Annual Quality Review will be revised to present a balance of quantitative and qualitative information to reflect the areas noted.</p>

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



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