



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 4 March 2020



Glenowen Court

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

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 registered residential care home which provides care for up to 44 residents: The home is divided into four units each containing 11 beds.

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: Martine Rainey, Senior Carer	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: 43

4.0 Inspection summary

An unannounced inspection took place on 4 March 2020 from 09.00 to 15.00.

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.

The following areas were examined during the inspection:

- the environment
- dining experience
- incident management
- care records
- consultation with residents and staff

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others.

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Martine Rainey, Senior Carer, as part of the inspection process and can be found in the main body of the report.

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

4.2 Action/enforcement taken following the most recent care inspection dated 30 December 2019

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 30 December 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous care inspection, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned in the identified timescale.

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

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 6.2 Stated: First time	The registered person shall ensure that the care plan intervention of one resident identified to be at risk of choking includes the level of staff supervision necessary at meal and snack times.	Met
	Action taken as confirmed during the inspection: A review of the identified residents care plan confirmed that it contained the level of staff supervision necessary at meal and snack times.	
Area for improvement 2 Ref: Standard Ref: 17.10 Stated: First time	The registered person shall ensure that notifications submitted to RQIA do not include named persons.	Met
	Action taken as confirmed during the inspection: All notifications forwarded to RQIA since the last care inspection were reviewed. None included named persons.	
Area for improvement 3 Ref: Standard: 17.10 Stated: First time	The registered person shall ensure that the record of complaints includes full details; the complainant's name, date and time when the complaint was received.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that the record of complaints included full details; the complainant's name, date and time when the complaint was received.	
Area for improvement 4 Ref: Standard: General Data Protection Regulation.	The registered person shall ensure that information recorded within the monthly monitoring report does not include reference to the resident's bedroom number.	Met

Stated: First time	Action taken as confirmed during the inspection: A review of the monthly monitoring reports confirmed that they did not include reference to the resident's bedroom number.	
---------------------------	---	--

6.2 Inspection findings

6.2.1 The environment

A review of the home's environment was undertaken and included observations of a sample of bedrooms, bathrooms, lounges, dining rooms and storage areas. The home was found to be warm, well decorated, fresh smelling and clean throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. We observed that all store rooms requiring restricted access were locked with either a key or keypad. Residents and staff spoken with were complimentary in respect of the home's environment.

6.2.2 Dining experience

Residents had been weighed on admission and monthly thereafter. Residents and staff confirmed that they had 24 hour access to food and drink. Residents commented positively on the food provided in the home. We reviewed the lunchtime meal experience in the home. Residents dined in the four main dining areas or at their preferred dining area such as their bedroom or the lounge. Food was plated in the dining room in accordance with resident's menu selection. The food was only served when residents were ready to eat their meals or to be assisted with their meals. A range of drinks was served with the meal. The food served appeared nutritious and appetising. Specialist diets were also catered for.

Staff were knowledgeable in relation to residents dietary requirements. Residents wore clothing protectors where required and staff wore aprons when serving or assisting with meals. Staff were observed chatting with residents when assisting with meals and residents were assisted in an unhurried manner. The mealtime was well supervised. Food intake records were maintained well.

6.2.3 Incident management

A review of accidents/incidents records completed since the previous care inspection confirmed that systems were in place to ensure that notifiable events were investigated and reported to RQIA or other relevant bodies appropriately. Accidents recorded had been appropriately managed with action taken to minimise recurrence. Audits of accidents / incidents were undertaken by the manager to address any trends or patterns identified. The senior carer explained that an adapted form of the "Falls Toolkit" was used with post falls management.

6.2.4 Care records

Care records reflected that, where appropriate, referrals were made to healthcare professionals such as care managers, General Practitioners (GPs), speech and language therapist (SALT) and dieticians. There was evidence that care plans had been reviewed in accordance with recommendations made by other healthcare professionals such as, the tissue viability nurse (TVN), SALT or the dietician changed.

There was evidence that the care planning process included input from residents and/or their representatives, if appropriate. There was evidence of regular communication between staff and resident representatives within the care records.

Staff were aware of the importance of handover reports in ensuring effective communication and confirmed that the shift handover provided information regarding each resident’s condition and any changes noted.

6.2.5 Deprivation of Liberty Safeguards (DoLS)

Restrictive practices within the home was discussed with the senior carer who explained that these included; locked doors, wheel chair lap straps and management of smoking materials and that these had been agreed with the commissioning trust, resident/representative. Restrictions were reflected within care records and reported to be in the residents’ best interest for the safety of their health and safety. The senior carer advised that care staff training in The Mental Health Capacity Act –Deprivation of Liberty (DoLS) was currently being sourced by senior management.

6.2.6 Consultation with residents and staff

During the inspection we consulted with 15 residents and six staff. Residents appeared to be relaxed and comfortable in their surrounding and in their interactions with others. The residents spoken with were very positive about their experience of living in the home, stating that staff were very friendly and helpful. None of the residents spoken with voiced any concerns.

Staff were asked to complete an on line survey; we had no responses within the timescale specified. During the inspection staff commented positively on the care delivered and the working relationships.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the home’s environment, record keeping, audits and reviews, and communication between residents, staff and other key stakeholders. There were further examples of good practice found in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing residents and their representatives, taking account of the views of residents. There were robust governance arrangements in place for the 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

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews