

Inspection Report

24 August 2021



Glenalina Lodge Care Centre

Type of Service: Residential Care Home
Address: 607 Springfield Road, Belfast, BT12 7FN
Tel no: 028 9041 2030

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

<p>Organisation/Registered Provider: Care Circle Ltd</p> <p>Responsible Individual: Mr Christopher Walsh</p>	<p>Registered Manager: Mr Graeme Beatty – Registration pending.</p>
<p>Person in charge at the time of inspection: Mr Graeme Beatty</p>	<p>Number of registered places: 48</p>
<p>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. PH – Physical disability other than sensory impairment. A – Past or present alcohol dependence. SI – Sensory impairment.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 45</p> <p>One named individual only in category RC-SI, one named individual only in category RC-A and six named individuals only in RC-DE. Two named individuals in RC-PH category of care. A maximum of eight residents in category of care RC-MP and RC-MP(E).</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 48 residents. The home is divided over two floors. There is an enclosed garden area to the front of the building.</p>	

2.0 Inspection summary

An unannounced inspection took place on 24 August 2021 at 9.45 am to 5.30pm by a care Inspector.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was clean and there was a homely atmosphere. Staff were attentive to the residents and carried out their work in a compassionate manner. Residents said that living in the home was a good experience.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

Three areas for improvement were identified in respect of infection prevention and control, health and safety and replacement of the carpet in the reception area.

RQIA were assured that the delivery of care and service provided in Glenalina Lodge was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection residents, their relatives or visitors and staff were asked for their opinion on the quality of the care; and their experience of living, visiting or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

At the end of the inspection the Registered Manager and Responsible Individual were provided with details of the findings.

4.0 What people told us about the service

Fourteen residents and four staff were spoken with during the inspection. No comments were provided by staff via the on-line staff survey or from residents or relatives via the questionnaires provided.

Residents spoken with commented positively regarding the home. One resident described Glenalina Lodge as "the greatest of all". Another resident commented on how "the girls are good to me. It could not be better here".

Staff told us they were happy working in the home, that there was enough staff on duty and felt supported by the manager and the training provided.

Compliments received about the home were kept and shared with the staff team, this is good practice

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 13 November 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27 Stated: First time	The registered person shall ensure that all identified en-suite bathrooms are repaired so as there no visible gaps between the floors and walls.	Not met
	Action taken as confirmed during the inspection: Review of the environment found rooms where the gaps between floor and the wall were still evident. This area for improvement is stated for a second time.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for Improvement 1 Ref: Standard 30 Stated: First time	The management of distressed reactions should be reviewed and revised. Records of prescribing should include the minimum dosage interval and maximum daily dose. Care plans should contain sufficient detail to direct the required care. The reason for and outcome of administration should be recorded.	Met
	Action taken as confirmed during the inspection: There was evidence to confirm that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job. One staff member commented “I have had a good induction, and the training provided has been good”.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management. The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

The Manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

A resident spoke of how the staff were “attentive and always there if needed.”

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents’ needs, their daily routine wishes and preferences.

It was observed that staff respected residents’ privacy by their actions such as knocking on doors before entering, discussing residents’ care in a confidential manner, and by offering personal care to residents discreetly.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Lunch was served in the dining room at 12.15 pm. A meal of chicken goujons, baked potatoes and coleslaw was served. There was a range of drinks available to the residents. The dining experience was an opportunity for residents to socialise, music was playing and the atmosphere was calm and relaxed. The three staff serving lunch were attentive to the residents’ needs and provided support where it was needed. It was observed that residents enjoyed their meal and the dining experience.

Residents’ needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents’ needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Residents’ individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents’ care needs and what or who was important to them.

Each resident had an annual review of their care, arranged by their care manager or Trust representative.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy and well maintained. The manager spoke of how planned redecoration was taking place in the home. The garden area was tidy and planted with bright flowers.

In room nine, and in the assisted bathroom upstairs the gaps between the flooring and wall had not been repaired since the last inspection. This was stated as an area for improvement for the second time.

There were areas in the home where infection prevention and control issues were identified. For example wooden surfaces in the hairdressing room were in need of repainting to ensure they could be properly cleaned. Full details were discussed with the Manager and an area for improvement was identified.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable.

Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. Residents choose to spend their time either in their bedrooms, the communal lounges or outside in the garden. The downstairs lounge was personalised with artwork the residents had created. A resident commented that "The food is good and they keep my room clean, I could not be happier".

In the hairdressing room, a pack of hair dye was found in an open cupboard. This was removed by staff immediately. An area for improvement was identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

The reception area had a carpeted floor covering. The carpet was badly worn. This was identified as an area for improvement.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners; and any outbreak of infection was reported to the Public Health Authority (PHA).

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

Visiting arrangements were managed in line with DoH and IPC guidance.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. One resident spoke of how he liked to spend time in his room. Another resident described how she was able to speak to her son on her phone, and how there were activities if she wished to attend them.

The home has residents meetings, which provided an opportunity for residents to comment on aspects of the running of the home.

There was a range of activities provided for residents. Activities included guest speakers, music nights, crafts and life story work. Some residents take a keen interest in the enclosed garden area helping to plant out flowers and maintain the area. On the day of inspection, 16 residents enjoyed spending the afternoon doing crafts and watching a film.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

Mr Graeme Beatty has applied to register with RQIA as Manager of the home.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Residents spoken with said that they knew how to report any concerns. Two staff commented that they knew the Manager would address issues if required.

Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home. The Manager had recently contacted all relatives to ascertain their views on care provision in the home throughout the pandemic. This is good practice.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

There was a system in place to monitor accidents and incidents that happened in the home. However examination of a sample of incident and accident records found that one notifiable incident had not been reported to RQIA as required. This was discussed with the Manager and Responsible Individual. This notification was sent to RQIA following the inspection.

Staff commented positively about the Manager and described him as supportive, approachable and always available for guidance. One staff member commented "the Manager is very good."

The home was visited each month by the Responsible Individual to consult with residents, their relatives and staff and to examine all areas of the running of the home.

The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These were available for review by residents, their representatives, the Trust and RQIA.

6.0 Conclusion

Residents commented positively on their lived experience in the home. Staff engaged positively and respectfully with the residents. Staff spoke positively of the good relationships between themselves and management. The delivery of care was caring and compassionate.

As a result of this inspection, three areas for improvement were identified in respect of infection prevention and control, health and safety and the replacement of the carpet in the reception area. Details can be found in the quality improvement plan included.

Based on the inspection findings and discussions held we were satisfied that this service was providing safe and effective care in a caring and compassionate manner; and the service was well led by the Manager/management team. Addressing the areas for improvement identified will further enhance this.

7.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (August 2011)**

	Regulations	Standards
Total number of Areas for Improvement	3*	1

* The total number of areas for improvement includes one that have been stated for a second time

Areas for improvement and details of the Quality Improvement Plan were discussed with Graeme Beatty, Manager and Christopher Walsh, Responsible Individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for Improvement 1 Ref: Regulation 27 Stated: Second Time To be completed by: 31 st December 2021	<p>The registered person shall ensure that all identified en-suite bathrooms are repaired so as there no visible gaps between the floors and walls.</p> <p>Ref:5:1</p> <p>Response by registered person detailing the actions taken: Work within the en-suite areas has taken place over the last few months to ensure a seal from floor to wall skirting. Radius housing have attended recently to state that they have plans to convert current bathrooms into wet shower rooms. Staff will observe for any concerns and report same should any be identified to have area addressed.</p>
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed by: 31 st October 2021	<p>The registered person shall ensure that there is a system in place to monitor and address environmental factors which impact on the robustness of the infection prevention and control measures and practices.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The Home Manager will carry out an environmental audit on a monthly basis, any issues that are identified will be addressed or reported to Radius Housing to be addressed if applicable. Wooden slats within the care supply store have now been painted with Polyurethane Paint to ensure the slats can be wiped clean. The hairdressing salon has now received a new worktop unit and new flooring within the salon. Carpet within reception area was replaced on 17/11/2021. Ongoing work within the home continues. Update and images sent to Inspector on 15/09/2021 detailing all areas of work carried out to date.</p>
Area for improvement 3 Ref: Ref: Regulation 14 (2)(a)(c) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that substances hazardous to the health of residents, such as hair dye, are safely stored in accordance with COSHH requirements.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Memo given to staff on the importance of safe custody of hazardous items. Staff will store such items within a locked cupboard which can only be accessed by staff should they be</p>

	required.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1	The registered person shall ensure the worn carpet is replaced in the reception area.
Ref: Standard 27.1	Ref: 5.2.3
Stated: First time	
To be completed by: 31 December 2021	Response by registered person detailing the actions taken: The reception area and also back office connected to Reception has received new Carpet as of 17/11/2021.

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

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

Assurance, Challenge and Improvement in Health and Social Care