



Unannounced Care Inspection Report 11 April 2019



Glenalina Lodge Care Centre

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

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 48 residents.

3.0 Service details

Organisation/Registered Provider: Care Circle Ltd Responsible Individual: Christopher Walsh	Registered Manager and date registered: Peter Bradley, 19 April 2018
Person in charge at the time of inspection: Catherine McDowell, acting manager	Number of registered places: 48
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.	Total number of residents in the residential care home on the day of this inspection: 46

4.0 Inspection summary

An unannounced care inspection took place on 11 April 2019 from 09.40 to 17.10 hours.

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.

This was a positive inspection and no areas requiring improvement were identified. There was good practice found in relation to staff recruitment, induction, training, supervision and appraisal and care records. Activities for residents and good governance arrangements were in place.

Residents described living in the home in positive terms and visitors were impressed by the cleanliness and comfort of the home and by the welcome from staff. Comments received from residents, people who visit them and staff during and after the inspection are included in the main body of this report.

4.1 Inspection outcome

Findings of the inspection were discussed with Catherine McDowell, manager, as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent inspection dated 19 March 2019

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 24 January 2019. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

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

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.

Eight residents or their representatives returned completed questionnaires and all indicated that they were satisfied or very satisfied that the care in the home was safe, effective, compassionate and that the home was well led. No questionnaires were returned by staff.

During the inspection a sample of records was examined which included:

- staff duty rotas
- staff training schedule
- two staff recruitment and induction records
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records
- a sample of reports of visits by the registered provider
- RQIA registration certificate
- employers' liability insurance certificate

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

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 19 March 2019

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

6.2 Review of areas for improvement from the last care inspection dated 12 June 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Regulation 27 (2) (b), (c), (d), (p)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that arrangements are put in place to secure improvements in the following areas of the home's environment:</p> <ul style="list-style-type: none"> • the waterproof floor skirting in bathrooms are repaired or replaced • the walls of the staff toilet on the first floor are repaired and repainted • the radiator in the designated smoke room is repaired or replaced and this area is added to the existing schedule of cleaning • any bins without a lid are replaced with suitable pedal or swing lidded bins • the malodour in one stairwell is investigated and suitable remedial action taken • damaged plasterwork and paintwork throughout communal areas are repaired and repainted • damaged settees and armchairs are recovered or replaced 	<p>Met</p>

	<p>Action taken as confirmed during the inspection: Inspection of the premises confirmed that these areas were addressed. The manager had been in contact with the Housing Association who owns the building to have items repaired or replaced, where necessary.</p>	
<p>Area for improvement 2 Ref: Regulation 17 (1) Stated: First time</p>	<p>The registered person shall ensure that a report is completed on an annual basis on the quality of care and other service provision for the residential home.</p> <p>Action taken as confirmed during the inspection: Discussion with the responsible individual and inspection of the Annual Quality report confirmed that this was addressed.</p>	Met
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<p>Area for improvement 1 Ref: Standard 23.1 Stated: First time</p>	<p>The registered person shall ensure that induction records are completed for all staff who commence employment in the home.</p> <p>Action taken as confirmed during the inspection: Inspection of staff induction records confirm that this has been addressed.</p>	Met
<p>Area for improvement 2 Ref: Standard 19.3 Stated: First time</p>	<p>The registered person shall ensure that AccessNI information is managed in line with best practice and includes the following dates:</p> <ul style="list-style-type: none"> • application made for the enhanced disclosure • return of the enhanced disclosure • review of the enhanced disclosure and found to be satisfactory <p>Action taken as confirmed during the inspection: Inspection of staff files confirmed that this is now addressed.</p>	Met

Area for improvement 3 Ref: Standard 17.1 Stated: First time	The registered person shall ensure the template used to record the management of complaints is amended to include a record the complainant's level of satisfaction.	Met
	Action taken as confirmed during the inspection: Inspection of documents confirmed that a revised template was amended.	

6.3 Inspection findings

6.4 Is care safe?

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

The people who live in this home said that they felt safe. They said that there was always staff around to help them if they needed help, and that this included at night. The manager and staff on duty confirmed that staffing was safe and kept under review. There was care staff, activities co-ordinators, laundry, kitchen, domestic and administrative staff on duty during the day and care staff in the evenings and overnight.

Staffing and recruitment

We could see that the duty rota accurately reflected all of the staff working within the home; all staff who were to be on duty were present and were carrying out their duties. The manager was asked to ensure that the date of the rota was accurate and that the position of the manager was recorded.

We could see that there was enough staff in the home to quickly answer any requests by residents for help, to assist with care when needed and to provide residents with a range of activities.

We looked at staff files to make sure that staff were properly recruited and that all pre-employment checks had been made. All staff were properly vetted and suitable to work with the residents in the home.

Staff induction, supervision, appraisal and competency

We spoke with staff who told us that they had a good induction to working in the home. New staff were supervised by senior staff, they received mandatory training and they were registered with their professional body, the Northern Ireland Social Care Council (NISCC).

Staff also told us that they got supervision directly from the manager and this happened more often when they were new to the home. Staff received supervision more often than the minimum standards say they should. This is good practice.

All senior care staff had an assessment of their competency and capability completed by the manager to ensure that they can take charge of the home. The manager reviewed this every year to ensure that it was always current. She would also review it if the member of staff was returning from a long term absence, for example, after sickness or maternity leave. This is also good practice.

Staff training

We looked at the training records to make sure that staff had been given the core training they needed to do their jobs safely. We could see that staff either had the training, or if it was out of date, there was a plan in place for staff to get the training. The home's administrator told us that the care staff got training in all of the core areas every year and that all staff attended a fire drill at least annually.

Safeguarding residents from harm

The manager was able to describe how residents in the home were protected from abuse or harm. The home had a policy and procedure which was in keeping with current regional adult safeguarding guidance. The home had a safeguarding champion. A report on the safeguarding arrangements for the previous year was being completed.

Staff who we spoke with were able to describe what they might look out for if a resident was being abused or harmed. They were aware of the need to report all suspected abuse and keep accurate records. Staff told us that their training helped them feel confident about what they should do in such situations.

Staff were also familiar with the home's whistleblowing policy and were able to describe what they should do if they witnessed poor practice by colleagues; staff reported that their first obligation was to the safety of the residents and that they felt confident about reporting such poor practice.

The manager was able to describe how safeguarding referrals would be made to trusts, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

Environment

We walked around the home and saw that it was in good decorative state and it was kept clean and warm. We looked in the bedrooms of some residents, with their permission. Bedrooms had an en-suite bathroom and a small kitchen area for residents to make drinks and snacks. Bedrooms and bathrooms were personalised and there were no malodours. A resident told us: "My room is clean and comfortable and I am able to get a good night's sleep." Another resident said, "I couldn't fault it here. My room is warm and clean and I have my own bathroom." Some visitors to the home said, "This is the first time we have been in Glenalina Lodge – my first impression is that it is lovely, very clean and it looks very comfortable. The staff have made us very welcome."

There were communal lounges for the use of residents on the ground and first floors along with space for activities and meetings. All fire exits were free from obstruction. Furniture in bedrooms and communal areas was in good repair.

Residents who were safe to leave the home alone or with family could exit by asking staff to release the lock. There was almost always staff near the front door who could easily do this. A resident said “I can come and go as I please.” For those residents who were not safe to leave the home, staff were also available to provide reassurance or distraction.

The manager told us that she makes sure that residents living in Glenalina Lodge enjoyed as much freedom as possible whilst remaining safe.

Infection prevention and control

The manager told us about the arrangements in place to make sure that the home was kept clean and free, as far as possible, from any outbreaks of infection. We could see from training records that all staff had received training in IPC in line with their roles and responsibilities. Staff told us how they used gloves and aprons to keep their hands and clothing clean to reduce the risk of spreading infection.

The manager described how hand hygiene audits were carried out regularly to make sure that staff used good hand hygiene practice.

Areas of good practice

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

6.5 Is care effective?

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

We could see that the residents were getting the right care and that the staff knew the residents well. Staff were able to describe the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

Management of risks relating to residents

The manager described a robust assessment and admissions process to get a place in Glenalina Lodge. When risks are identified and assessed, a plan is put in place to meet the care needs of the resident and to lessen any risks. If, for example, a resident has dementia, this might include the use of a locked external door. The manager described how there was good working relationships between professionals.

The manager told us about falls management in the home and we were assured that the procedure and practice was good. The manager completes an audit of accidents or incidents in the home each month which includes falls. This looks for any patterns or trends and considers actions to reduce the likelihood of further falls happening. The manager and staff were aware of how they could get professional advice from medical or trust staff.

The manager told us about how any resident who might be at risk of choking was referred to a speech and language therapist for specialist advice. The advice was shared with care and

kitchen staff and the latest guidance for preparing food and fluids at the correct consistency was available. If any resident was at risk of losing weight, they were referred to a dietician and were weighed regularly.

Care records

The care records for residents were kept securely to ensure that they were confidential. The records were written in a professional manner and used language which was respectful of residents. We also saw how a care review was completed with the resident, their family, care staff and staff from the Trust each year.

The dining experience

We were invited to sit with residents in the dining room when they were taking their lunch. We could see that the dining room was spacious, clean and bright. There was a menu on display on the wall near the door and there were also menus on each table. There was a choice of two hot dishes on the lunch menu.

The kitchen staff plated dishes which were served to residents by three care staff. We could see that the portion sizes were good and there was a variety of cold drinks available. We saw that any resident who did not want either of the two hot dishes was offered and served a suitable alternative. The lunch service was relaxed but well organised. The residents said that they enjoyed the food in the home.

A resident said, 'I like the food, although I don't like some of the things on the menu. I always get a good breakfast but I rarely eat in the evenings. If there's nothing on the menu that I like at lunchtime, the kitchen makes me up something else.'

Areas of good practice

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

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.

Culture and Ethos of the home

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents laughing and joking with staff. Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to by staff. We saw that when a resident became distressed, staff were able to offer appropriate comfort and support. A resident reported how her introduction to the home was good: "I haven't been here long, but I'm very happy with everything so far. The staff have been very nice to me and have helped me to settle in."

We could see that residents' wishes, interests and preferences were reflected in care records, for example, there was information about what activities each resident would like to do and residents' daily routines were recorded. We also saw that the care records noted preferences such as what time residents liked to get up or go to bed, whether they liked to be checked during the night, how they like to be helped with care and how they choose what to wear. Staff told us that the residents' routines depended on what they wanted to do and that the staff took a flexible approach.

We could see that staff could communicate well with any residents who have a sensory disability and with those who may sometimes be confused and in need of additional reassurance or support.

Activities

Staff told us about the wide range of activities available and how the activities co-ordinators worked to make sure that each resident could have access to meaningful pastimes, hobbies, crafts or outings. On the day of the inspection we saw that residents were engaged in watching a live community religious service which was being shown on the large screen in the lounge. There was also a sing-along and games of bingo later in the day. A programme of available activities was displayed.

An activities co-ordinator described how the home had organised a festival and how the local community was involved in this. There was evidence of residents being involved in decorating the home for Easter and participating in a variety of activities. Residents said that they enjoyed the activities on offer.

Resident involvement

We looked at the minutes of residents' meetings and could see that this gave residents an opportunity to discuss any issues and to make suggestions about what they would like. The manager told us that these meetings took place regularly and that there was also a separate meeting for family members. This was an informal affair arranged by the activities co-ordinator and was used by staff to gather feedback about the quality of care and services provided in the home. In addition, staff reported that the manager was always available to speak with any residents or their family members if they wished to discuss any issues or concerns.

There was also a satisfaction survey completed annually by residents, their family members and staff. We looked at the summary report for the last survey completed in 2018 and this indicated that all parties were satisfied with the care, services and facilities in the home.

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.

Staff in the home said that they got good support from their manager who was supportive and approachable. The manager described the staff team as being committed, dedicated and reliable with a focus on delivering a high quality of care to residents.

Managerial oversight

The manager described how she spent some time working on the floor to make sure that the care delivered to the residents by the staff was good; this also allowed her to get to know the residents well.

The manager also spends time completing managerial tasks to make sure she is satisfied that the home runs well. She completes audits of areas such as accidents and incidents, hand hygiene and IPC and looks for any ways in which these areas can be improved. The manager makes sure that staff are properly supported to do their jobs through providing regular supervision, appraisal and training. The manager makes sure, too, that all of the systems are in place to ensure the safety of the home, for example, that all fire checks are completed.

Complaints and Compliments

The manager deals with any complaints raised by residents or their family members. We looked at the records of complaints since the last inspection and could see that they were managed appropriately. Residents told us that they knew how to make a complaint and staff told us that they would not hesitate to raise issues with the manager, if needed.

The manager also shared compliments received from residents, their families and professionals as this is important for staff morale.

Accidents and incidents

The manager told us about the system for notifying family members, RQIA, the trusts and any other relevant parties of any accidents or incidents in the home. We looked at these records and found that they were satisfactory.

Additional training

The manager and staff told us that there was training provided for areas not part of the mandatory training. We looked at the training records and saw that staff had been trained in dementia and in oral hygiene.

Communication

The manager made sure that there were regular staff meetings and that information was shared with the staff team about any issues arising. She also made sure that any best practice guidance, for example, the International Dysphagia Diet Standardisation Initiative (IDDSI), was shared with the staff team and was used in the home for the benefit of residents.

Visits by the registered provider

The responsible individual was present for part of the inspection. Mr Walsh described how he ensured that the home was well organised and managed. There was a clear management structure throughout the organisation.

The home was visited by the registered provider each month and all aspects of the running of the home were reviewed, analysed and evaluated. We looked at the reports of the visits in January and February 2019 and found that these were comprehensive. The reports showed

evidence of how the provider engaged with residents, their families and staff to get their views on the care in the home; the provider also checked that audits, complaints and reports were properly managed and shared, where necessary. Where any improvements could be made, these were documented in a way that they could be tracked until they had been satisfactorily completed.

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.

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.



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