



# Unannounced Care Inspection Report 13 November 2020



## Glenalina Lodge Care Centre

**Type of Service: Residential Care Home (RCH)**  
**Address: 607 Springfield Road, Belfast, BT12 7FN**  
**Tel No: 028 9041 2030**  
**Inspector: Gerry Colgan**

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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 residential care home registered to provide residential care for up to 48 residents.

### 3.0 Service details

<p><b>Organisation/Registered Provider:</b> Care Circle Limited</p> <p><b>Responsible Individual:</b> Mr Christopher Walsh</p>	<p><b>Registered Manager and date registered:</b> Ms Jennifer Watson, registration pending</p>
<p><b>Person in charge at the time of inspection:</b> Ms Jennifer Watson</p>	<p><b>Number of registered places:</b> 48</p> <p>This number includes: one named individual in category RC-SI; one named individual in category RC-A; six named individuals in category RC-DE; two named individuals in category RC-PH and a maximum of eight residents in category of care RC-MP and RC-MP(E).</p>
<p><b>Categories of care:</b> 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 A – past or present alcohol dependence SI – sensory impairment PH – physical disability other than sensory impairment</p>	<p><b>Total number of residents in the residential care home on the day of this inspection:</b> 43</p>

### 4.0 Inspection summary

An unannounced inspection took place on 13 November 2020 from 09.00 to 16.30 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to continue to respond to ongoing areas of risk identified in homes.

The inspection assessed progress with all areas for improvement identified in the home 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.

During this inspection we identified evidence of good practice in relation to the management of notifiable events, adult safeguarding, falls management, team work, and communication between residents staff and other key stakeholders. Further areas of good practice were identified in relation to the culture and ethos of the home and maintaining good working relationships.

The following areas were examined during the inspection:

- staffing
- Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)
- the environment
- care delivery
- care records
- dining experience
- governance and management arrangements.

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

#### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1*

\*The total number of areas for improvement includes one against the standards which is carried forward to the next inspection.

#### 5.0 How we inspect

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

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report

During the inspection the inspector met with ten residents and eight staff. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the manager with 'Tell Us' cards which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rota from 2 November to 22 November 2020
- four care records
- notifications of accidents and incidents
- a sample of monthly monitoring reports
- governance audits
- the minutes of staff meetings
- the home's certificate of registration.

The findings of the inspection were provided to the manager at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection dated 22 September 2020

Quality Improvement Plan		
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011)		
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection onwards	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.  Ref. 7.1	<b>Carried forward to the next care inspection</b>

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 22 September 2020. The quality improvement plan from the medicines management inspection was not reviewed at this inspection.

## 6.2 Inspection findings

### 6.2.1 Staffing

Discussion with the manager confirmed the planned staffing levels for the home. Staff duty rotas for the period of 2 to 22 November 2020 were reviewed. The rota reflected the person in charge arrangements and staff on duty during the inspection. A competency assessment was completed by the manager with any member of staff who is given the responsibility of being in charge of the home in their absence. Staff confirmed that staffing levels were maintained to ensure the needs of residents could be met. There were no concerns raised by staff regarding staffing levels in the home. Staff shared that normal staffing levels were maintained throughout the peak of the Covid-19 outbreak.

The staff we met during the inspection discussed their experiences of working in the home. Staff were aware of reporting arrangements and who to speak with if they had any concerns. Observation of staff practice showed they were kind and courteous to residents and responded to call bells or requests for assistance in a timely manner.

Staff spoken with confirmed there was a good sense of team work in the home and demonstrated an awareness of the individual needs of residents. Staff spoken with felt supported by their manager.

Comments received from staff include:

- “The manager and deputy manager have put good systems in place to ensure the care is personalised.”
- “We are totally well supported. You couldn’t fault that. Any issues brought to management are dealt with immediately.”
- “It’s a good place to work and I would say we are a good team.”

### **6.2.2 Infection prevention and control (IPC) and personal protective equipment (PPE)**

We were advised that during the current pandemic all residents and staff had their temperature taken twice daily. PPE supplies and hand sanitization was available throughout the home. Discussion with staff confirmed they felt safe doing their work and there was a good supply of PPE. Staff were observed using PPE appropriately in accordance with the current guidance.

We were advised that management completed regular observations of staff donning and doffing PPE and staff handwashing practices. Signage outlining the seven steps to handwashing was displayed throughout the home. The infection prevention and control audits were all completed and staff confirmed enhanced cleaning schedules were in place which included the regular cleaning of touch points throughout the home. Discussion with staff evidenced they were aware of how to reduce or minimise the risk of infection in the home.

### **6.2.3 Care Environment**

Residents spoken with confirmed they were happy with the home environment. The home was found to be warm, clean and tidy. There were no malodours detected. Communal areas including lounges, dining areas and bathrooms were viewed; these were found to be well maintained. Bedrooms were personalised with items that were meaningful to individual residents.

It was identified, however, that there were gaps between the flooring and the skirting borders in a number of en-suite bathrooms; this meant that the rooms would not be adequately cleaned. It was confirmed by the manager that although the care was provided by Care Circle, the building belonged to Radius Housing. The manager had reported this problem but it has not been adequately addressed. This was identified as an area for improvement.

### **6.2.4 Care delivery**

We observed staff practice in the home and saw that interactions with residents’ were warm and kind. Staff showed good knowledge and understanding of residents’ individual needs. Residents’ were well presented with obvious time and attention given to their personal care. Staff referred to residents by name and showed that they were aware of their personal preferences.

There was a relaxed and unhurried atmosphere in the home. Some residents were observed relaxing in their bedrooms while others were in communal sitting rooms.

Residents appeared comfortable, staff were available throughout the day to meet their needs and call bells were observed to be in easy reach for residents who were in their bedrooms.

Comments received from residents included:

- “I just love it in here. It has a lovely free and easy atmosphere. All the staff are brilliant.”
- “I am a diabetic and everyone keeps me right. The food is lovely right enough.”
- “It’s all good mate. No problems in here. We are well looked after so we are.”

### **6.2.5 Care records**

Four care records were reviewed; these had been completed upon residents’ admission to the home. Records included an up to date assessment of needs, care plans, risk assessments as necessary and daily evaluation records. We viewed the care records for identified residents in relation to bi-polar disorder, obsessive compulsive disorder, diabetes and hyperthyroidism. The care records included all relevant information and evidenced regular review and evaluation.

### **6.2.6 Dining experience**

We observed the serving of lunch during the inspection. Staff spoken with confirmed that the dining arrangements had been altered to ensure social distancing for residents due to risks during the Covid-19 pandemic and the dining arrangements were subject to ongoing review.

A number of residents made their way to the large dining room for lunch; others were provided with lunch in their bedrooms or the lounge areas. A review of the menu choices evidenced residents were given a choice at each mealtime; this included residents who required a modified diet.

Feedback from residents indicated that they were happy with the food provided in the home. Drinks were made easily available and staff provided assistance as necessary. Meals provided looked appetising and were of a good portion size. Staff were observed providing drinks and snacks to residents at intervals throughout the day.

### **6.2.7 Governance and management arrangements**

The manager outlined the line management arrangements for the home and confirmed she felt well supported in the recent months of the Covid-19 pandemic. Discussion with staff evidenced they knew who was in charge of the home on a daily basis and how to report concerns.

There was a system in place regarding the reporting of notifiable events. Review of records evidenced RQIA had been notified appropriately. The audits of accidents and incidents within the home were reviewed; these were completed monthly and were used to identify any potential patterns or trends. We reviewed a sample of monthly monitoring reports from January 2020 to October 2020. The monthly monitoring reports evidenced oversight had been maintained with regard to the running of the home. Actions plans were included within the reports.

We reviewed the minutes of staff meetings. We were advised the manager was available for staff if they had any issues or concerns and there was appropriate on call arrangements within the home. Staff spoken with were clear on their roles and responsibilities.

The home’s certificate of registration was displayed appropriately in a central part of the home.

## Areas of good practice

During this inspection we identified evidence of good practice in relation to the management of notifiable events, adult safeguarding, falls management, team work, and communication between residents, staff and other key stakeholders. Further areas of good practice were identified in relation to the culture and ethos of the home and maintaining good working relationships.

## Areas for improvement

One new area for improvement was identified in relation to repairing the damaged flooring in specified en-suite bathrooms to ensure these areas can be adequately cleaned

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	0

## 6.3 Conclusion

On the day of the inspection we observed that residents appeared comfortable, and that staff treated them with kindness and compassion. The staff were timely in responding to residents' individual needs. PPE was appropriately worn by staff. One new area for improvement was identified as outlined in this report.



## **7.0 Quality improvement plan**

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jennifer Watson, 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 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27  <b>Stated:</b> First time  <b>To be completed by:</b> 31 January 2021	The registered person shall ensure that all identified en-suite bathrooms are repaired so as there no visible gaps between the floors and walls  Ref: 6.2.3  <b>Response by registered person detailing the actions taken:</b> Repairs to ensuite floors have been completed and will be monitored weekly in line with our environmental audit of the home Several ensuite floors are due to be replaced as soon as safe to do so
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 30  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of inspection onward	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.  Ref. 7.1  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b>

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



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