

# Unannounced Care Inspection Report 26 October 2017



## Glenalina Lodge Care Centre

Type of Service: Residential Care Home  
Address: 607 Springfield Road, Belfast, BT12 7FN  
Tel No: 028 9041 2030  
Inspectors: Alice McTavish and Michael Lavelle

[www.rqia.org.uk](http://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 with 48 beds that provides care for older people, people living with dementia, poor physical or mental health, sensory impairment or alcohol dependency.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Care Circle Limited  <b>Responsible Individual:</b> Mr Christopher Walsh	<b>Registered Manager:</b> Mr Peter Bradley
<b>Person in charge at the time of inspection:</b> Peter Bradley	<b>Date manager registered:</b> Registration pending since 25 October 2016
<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 PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years A - Past or present alcohol dependence SI – Sensory impairment	<b>Number of registered places:</b> 48 comprising:  1 - RC-SI 1 – RC-A 6 – RC-DE 2 – RC-PH 8 – RC-MP and RC-MP(E)

### 4.0 Inspection summary

An unannounced care inspection took place on 26 October 2017 from 09:30 to 16:45.

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 in relation to staff recruitment, training, supervision and appraisal, adult safeguarding, infection prevention and control, care records, audits and reviews, communication between residents, staff and other key stakeholders, listening to and valuing residents, governance arrangements and to quality improvement.

Areas requiring improvement were identified. These related to recording the induction programmes for any agency staff used in the home and to the removal or replacement of some items of kitchen equipment.

Residents said that they enjoyed their life in the home, that the care was good, there were lots of activities to do and that the food was very good.

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
<b>Total number of areas for improvement</b>	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Peter Bradley, 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 27 April 2017.

#### 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP and notifiable events received since the previous care inspection.

During the inspection the inspector met with five residents individually and with others in groups, four care staff, one visiting professional and the manager.

A total of 10 questionnaires were provided for distribution to residents and their representatives for completion and return to RQIA. The manager was advised of how staff could complete electronic questionnaires and submit these to RQIA. Nine questionnaires were returned within the requested timescale.

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
- Care files of four residents
- Minutes of recent staff meetings
- Complaints and compliments records

- Audits of infection prevention and control measures and residents' weights
- Infection control register/associated records
- Equipment maintenance records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings and representatives' meetings
- Evaluation report from annual service user quality assurance survey
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Programme of activities
- 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 27 April 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 27 April 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
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time	The registered provider should ensure that the ceiling tiles in the designated smoking room are repainted and that arrangements put in place for weekly washing of the walls and window blinds in this room.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and inspection of the premises confirmed that the ceiling tiles in the designated smoking room were repainted and that arrangements were put in place for weekly washing of the walls and window blinds in this room.	

## 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 manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

A review of completed induction records and discussion with the manager and staff evidenced that an induction programme was in place for staff, relevant to their specific roles and responsibilities. It was noted, however, that there was an induction checklist in place to be used for agency staff, but there was no written evidence that this was used. Action was required to ensure compliance with the standards in relation to staff induction; advice was provided to the manager as to how this could be achieved.

Discussion with staff and a review of returned staff views questionnaires 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 manager and staff advised 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 be satisfactory. The manager advised that such assessments were reviewed annually. This represented good practice.

A review of the recruitment and selection policy and procedure during a previous care inspection confirmed that it complied with current legislation and best practice. Discussion with the manager and review of a staff personnel file confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. Enhanced AccessNI disclosures were viewed by the manager for all staff prior to the commencement of employment. Personnel records reviewed confirmed that AccessNI information was managed in line with best practice.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). A monthly audit of staff registrations was completed and staff were also regularly reminded of the importance of ensuring annual payment of fees.

The adult safeguarding policy and procedure in place was reviewed during a previous care inspection. It was found to be consistent with current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the new procedures and a copy was available for staff within the home. 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 confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the manager, 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 manager advised there were risk management procedures in place relating to the safety of individual residents. Discussion with the 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.

A review of policy and procedure on restrictive practice/behaviours which challenge during a previous care inspection confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).



The manager advised that restrictive practices were not usually used within the home. On the day of the inspection it was observed that a one to one staffing arrangement was in place for a resident. The manager advised that the use of this temporary restriction was adequately assessed, monitored and reviewed in partnership with the trust. The manager advised that access at the front door was controlled from inside the building and that CCTV was used to monitor the exterior of the premises only. These were security measures only and residents were able to leave the home if they wished to do so.

The manager confirmed there were risk management policy and procedures in place in relation to safety in the home. Discussion with the manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. fire safety etc.

The manager advised that equipment and medical devices in use in the home for residents were well maintained and regularly serviced. This was confirmed through inspection of maintenance records.

Review of the infection prevention and control (IPC) policy and procedure during a previous care inspection confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The manager reported that there had been no confirmed outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. In discussion with the chef, however, it was identified that a griddle was broken and could not have a replacement part fitted to make it operational. A slicer was also broken and was to be removed as it was no longer required. Action was required to ensure compliance with the standards in relation to kitchen equipment.

The home had an up to date fire risk assessment in place dated 6 March 2017 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed regularly and there was a system in place to ensure that all staff had



attended a fire drill on an annual basis. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting were checked weekly. Self-closing devices on doors were checked monthly. Inspection of documentation established that all equipment and services were regularly maintained.

There were comprehensive night time safety checks in place with records retained. There were also regular checks of the smoke room during the day and individual risk assessments for those residents who chose to smoke were completed and reviewed on a monthly basis. This represented good practice. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Nine completed questionnaires were returned to RQIA from residents, residents' representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

A comment received from a member of staff was as follows:

- "Our home is an excellent place to work with the highest standard of care and excellent team."

### Areas of good practice

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

### Areas for improvement

Two areas for improvement were identified during the inspection. These related to appropriate written records being retained of the induction of agency staff used in the home and to the removal or replacement of two items of catering equipment.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Records were stored safely and securely in line with data protection. A review of the care records of four residents 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 statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

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.

In discussion with staff they confirmed that they were familiar with person centred care and that a person centred approach underpinned practice. Staff were able to describe in detail the individual care needs and preferences of residents and how these were met in the home.

The manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of infection prevention and control measures and residents' weights were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports.

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

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were reviewed during the inspection. Separate representative meetings were also held.

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.

Nine completed questionnaires were returned to RQIA from residents, residents' representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

### **Areas of good practice**

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

### **Areas for improvement**

No areas for improvement were identified during the inspection.

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

## 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 manager advised 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 was in place which supported the delivery of compassionate care. Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. The manager and residents advised that consent was sought in relation to care and treatment.

Discussion with residents 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.

The manager and staff advised 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, also 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. There were regular residents' meetings and residents were encouraged and supported to participate in the annual reviews of their care.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. In addition, residents and staff were approached monthly to give their views on the services provided in the home.

Discussion with staff and residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. The home employed two activities co-ordinators who arranged a wide and varied programme of daily activities. There were also arrangements in place for residents to maintain links with their friends, families and wider community.

Residents spoken with during the inspection made the following comments:

- "I know all of the staff well and I am able to have a bit of banter with them. I get everything I need. I feel safe here and I like having the company of the people around me. I know if I have anything I want to raise, I can go to Peter (the manager) and he will be able to sort it out for me."

- “It’s great here for there is people about all the time and I don’t have to worry about being alone. The place is kept clean and comfortable. If I need anything, the staff come to me quickly, even at night. They couldn’t do enough for you!”
- “I know who to go to if I had a problem or a complaint – but I have none.”
- “The food here is really good. There’s always something that I like on the menu and if I fancy something else, the chef will make it for me.”

Nine completed questionnaires were returned to RQIA from residents, residents’ representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

### 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

No areas for improvement were identified during the inspection.

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

#### 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 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.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and posters displayed in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

A 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 included details of any investigation undertaken, all communication with

complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. The manager advised that should more complaints arise, an audit of complaints would be used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive continuous quality improvement which included regular audits and satisfaction surveys. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the manager confirmed that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example, use of thickeners in fluids, management of distressed reactions and dementia awareness.

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.

There was evidence of managerial staff being provided with additional training in governance and leadership. The manager had recently completed the Qualifications and Credit Framework (QCF) level 5 award in management in residential care.

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. The manager advised that the registered provider was kept informed regarding the day to day running of the home through telephone and email contact; staff stated that the responsible individual was regularly in the home and made time to discuss any areas of concern with staff.

The 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 employer's liability insurance certificate were displayed.

A review of governance arrangements within the home and the evidence provided within the returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner.

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

The manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff.

Nine completed questionnaires were returned to RQIA from residents, residents' representatives and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied.

### 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 for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	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 Peter Bradley, 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.



<b>Quality Improvement Plan</b>	
<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 23.1  <b>Stated:</b> First time  <b>To be completed by:</b> 15 December 2017	The registered person shall ensure that appropriate written induction records are completed and retained for any agency staff used in the home.  Ref: 6.4  <b>Response by registered person detailing the actions taken:</b> New system and paperwork is now in place to evidence the Agency workers induction process that is currently in place within the home.
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 27.8  <b>Stated:</b> First time  <b>To be completed by:</b> 29 December 2017	The registered person shall ensure that arrangements are made for the kitchen griddle and the slicer to be either removed or replaced.  Ref: 6.4  <b>Response by registered person detailing the actions taken:</b> Email has been sent to Radious Housing in relation to the kitchen griddle and slicer. The Home is currently awaiting a response as to what they intend to do.

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



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