

Unannounced Care Inspection Report 27 April 2017



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

1.0 Summary

An unannounced inspection of Glenalina Lodge Care Centre took place on 27 April 2017 from 09:40 to 17:30. The building is owned by Radius (formerly Helm) Housing Association who retain responsibility for maintenance and upkeep of the property.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

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

One recommendation was made in regard to the home's environment.

Is care effective?

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

No requirements or recommendations were made in relation to this domain.

Is care compassionate?

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.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

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.

No requirements or recommendations were made in relation to this domain.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mr Peter Bradley, acting manager and Mr Chris Walsh, registered person, 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 18 October 2016.

2.0 Service details

Registered organisation/registered person: Care Circle Limited/Mr Chris Walsh	Registered manager: Mr Peter Bradley
Person in charge of the home at the time of inspection: Mr Peter Bradley	Date manager registered: Registration pending
Categories of care: 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 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).	Number of registered places: 47

3.0 Methods/processes

Prior to inspection the following records were analysed: the report and QIP from the last care inspection and notifications of accidents and incidents.

During the inspection the inspector met with four residents and eight others in groups, two care staff, an activities co-ordinator, the acting manager and the registered person.

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
- Care files of four residents
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Equipment maintenance records
- Minutes of recent residents' meetings
- 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

A total of 30 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Twelve questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 14 December 2016

The most recent inspection of the home was an announced premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next premises inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 18 October 2016

Last care inspection statutory requirements		Validation of compliance
Recommendation 1 Ref: Standard 21.1 Stated: First time	The registered provider should ensure that the home's policy on infection prevention and control (IPC) is updated to reflect current best practice guidance.	Met

<p>To be completed by: 30 December 2016</p>	<p>Action taken as confirmed during the inspection: Discussion with the acting manager and inspection of the home's policy on infection prevention and control (IPC) confirmed that it reflected current best practice guidance.</p>	
<p>Recommendation 2 Ref: Standard 35.1 Stated: First time To be completed by: 25 October 2016</p>	<p>The registered provider should ensure arrangements are put in place to achieve and maintain cleanliness of dining chairs, tables, kitchen trolleys (including wheels) and handrails throughout the home in line with infection prevention and control guidance.</p> <p>Action taken as confirmed during the inspection: Discussion with the acting manager and inspection of the home's dining room confirmed that arrangements were put in place to achieve and maintain cleanliness of dining chairs, tables, kitchen trolleys (including wheels) and handrails throughout the home in line with infection prevention and control guidance.</p>	<p>Met</p>
<p>Recommendation 3 Ref: Standard 21.1 Stated: First time To be completed by: 30 December 2016</p>	<p>The registered provider should ensure that home's policy on residents' snacks is reviewed to include arrangements for residents to avail of take away food.</p> <p>Action taken as confirmed during the inspection: Discussion with the acting manager and inspection of the home's policy on residents' snacks confirmed that this was reviewed to include arrangements for residents to avail of take away food.</p>	<p>Met</p>
<p>Recommendation 4 Ref: Standard 20.9 Stated: First time To be completed by: 30 December 2016</p>	<p>The registered provider should ensure that the home's Residents Guide is reviewed to include arrangements for residents to avail of take away food.</p> <p>Action taken as confirmed during the inspection: Discussion with the acting manager and inspection of the home's Residents Guide confirmed that this was reviewed to include arrangements for residents to avail of take away food.</p>	<p>Met</p>

4.3 Is care safe?

The acting manager confirmed the staffing levels for the home and that these 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. The acting manager advised that a small number of agency staff was used when necessary. Every effort was made to ensure that the same agency and staff were used in order to provide continuity of care to residents.

Review of completed induction records and discussion with the acting manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. The acting manager confirmed that agency staff were provided with a shorter induction prior to commencing work in the home.

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. Staff confirmed that supervision was provided quarterly and a staff member described the in house training as 'excellent, meaningful and relevant'. The acting manager advised that staff also had their practice with residents observed as part of the wider supervisory arrangements.

It was noted that training in Control of Substances Hazardous to Health (COSHH) was provided to housekeeping staff only. The acting manager later advised that arrangements were in place to provide COSHH training for all care staff by the end of June 2017.

The acting manager and staff confirmed 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 acting manager advised that such assessments were completed with senior staff annually. This represented good practice.

Review of the home's recruitment and selection policy and procedure during a previous care inspection confirmed that it complied with current legislation and best practice. The acting manager advised that the policy and procedure was unchanged, also that staff continued to be 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 acting manager for all staff prior to the commencement of employment.

The acting manager described the arrangements 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 reminded regularly of the importance of making annual fee payments.

The adult safeguarding policy and procedure in place was consistent with the 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 new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) 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 acting manager, review of 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 acting manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the acting 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 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 acting manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed. The acting manager advised that the front door to the home was fitted with access control. This was for security only and residents could leave the premises if they wished and were safe to leave unaccompanied.

The acting manager confirmed there were risk management policy and procedures in place in relation to safety of the home. Discussion with the acting 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. COSHH, fire safety etc.

Review of the infection prevention and control (IPC) policy and procedure 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 and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures. The acting manager advised that an audit of infection prevention and control measures in the home was undertaken on a monthly basis. This was confirmed by written records.

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 acting manager reported that there had been no 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. It was noted, however, that the ceiling tiles, the window blind and the walls in the designated smoke room were discoloured. The walls and window blinds were washable. A recommendation was made that the ceiling tiles in this room are repainted and arrangements put in place for weekly washing of the walls and window blinds.

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. Discussion with the acting manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 6 March 2017. Thirteen recommendations were made, eight of which were to be completed by Radius Housing Association. The acting manager confirmed that the remaining recommendations were in the process of being appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed regularly and records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Twelve 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.

Comments received from residents' representatives were as follows:

- "Very satisfied with care and attention."
- "I am very happy and I know my (relative) is being looked after."

Areas for improvement

One area for improvement was identified. This was in relation to the repainting of ceiling tiles and arrangements being put place for weekly washing of the walls and window blinds in the designated smoking room.

Number of requirements	0	Number of recommendations	1
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4.4 Is care effective?

Discussion with the acting manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

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. Records were stored safely and securely in line with data protection.

Discussion with staff confirmed that they were familiar with person centred care and that a person centred approach underpinned practice.

The acting manager confirmed 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 risk assessments, care plans, care review, accidents and incidents and the home's environment 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 acting 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 acting 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. The acting manager advised that separate representative meetings were arranged but were often poorly attended. In such instances, the minutes of these meetings were sent to representatives by post in an effort to ensure that representatives were kept informed of events in the home. The acting manager also advised that he made himself readily available in the home to families who might wish to discuss any aspect of care with him.

A review of care records confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Twelve 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.

A comment received from a resident was as follows:

"I'm happy."

A comment received from a resident' representative was as follows:

"Made aware of all aspects of (my relative's) care."

A comment received from a staff member was as follows:

“Regular meetings are ongoing. Handover is given in detail.”

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

The acting manager confirmed 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 acting manager, staff and residents confirmed 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 acting manager and staff confirmed 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 and that their 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 residents’ meetings and residents were encouraged to participate in 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.

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 array of arts and crafts, musical activities and outings for residents. Arrangements were in place for residents to maintain links with their friends, families and wider community and a designated room was used for residents to attend regular religious services.

Residents spoken with during the inspection made the following comments:

- “This place is great. They (staff) are very good to me.”
- “I’ve only been here for a short while, but I’m finding it very good. The staff are lovely. They took the time to give me plenty of information about how the home works and how to find my way around. They talk me through things when they are helping me and they ask me if it is all right to help me. There’s plenty to do during the day and evening and I really like the food. I have no complaints.”
- “I’m very happy here. The staff are wonderful. I didn’t really want to move away from the place where I lived before, but I have no regrets about coming here. The time has passed so quickly. I get to go out with my community support worker once a week to the coast and enjoy the views and fish and chips. I’m glad I made the move.”
- “It’s a good place and I’ve no complaints. If I did, I would go to Peter (manager) and he would sort it out.”

Twelve 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 for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The acting 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. The registered person advised that some policies and procedures were not reviewed within the past three years or more frequently as changes occurred; the company was in the process of reviewing such policies and procedures and that this should be complete in the near future.

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.

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 acting manager advised that few written complaints were made, but should more be

received, an audit of complaints would be used to identify trends and to enhance service provision.

The home had an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. This was reviewed during previous inspections and was found to be satisfactory. A detailed review of accidents/incidents/notifiable events during the last care inspection established that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. Accidents/incidents/notifiable events were not reviewed on this occasion.

There were quality assurance systems in place to drive 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 acting manager confirmed that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

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 acting manager was in the process of completing QCF level 5 qualification in management in residential care which would equip him to become the registered manager of the home.

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. Discussion with the registered provider identified that they had understanding of their role and responsibilities under the legislation. The acting manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

The acting 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.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider responded to regulatory matters in a timely manner.

Review of records and discussion with the acting manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The acting manager confirmed that staff could also access line management to raise concerns they will offer 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 acting manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Twelve 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.

A comment received from a resident's representative was as follows:

"The home is well run in all aspects of care; Peter Bradley, manager, is excellent."

A comment received from a staff member was as follows:

"Manager is approachable and very understanding. Nothing is ever a bother."

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Mr Peter Bradley, acting manager and Mr Chris Walsh, registered person, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current

good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

Recommendation 1 Ref: Standard 27.1	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.
Stated: First time To be completed by: 31 May 2017	Response by registered provider detailing the actions taken: The home has sourced a painter and the roof tiles are due to be repainted. The room and blinds are now washed down by domestic staff on a Sunday.

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



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