



# Unannounced Care Inspection Report 4 September 2019



## 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 Kate Maguire**

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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 registered residential care home which provides care for up to forty eight persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Care Circle Ltd  <b>Responsible Individual:</b> Christopher Walsh	<b>Registered Manager and date registered:</b> Catherine McDowell, acting manager
<b>Person in charge at the time of inspection:</b> Catherine McDowell	<b>Number of registered places:</b> 48
<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 A – Past or present alcohol dependence SI – Sensory impairment.	<b>Total number of residents in the residential care home on the day of this inspection:</b> 42

### 4.0 Inspection summary

An unannounced inspection took place on 4 September 2019 from 14.50 to 17.50.

This was a focussed inspection to assess progress with the area for improvement identified in the home during the last medicines management inspection and to review the complaints procedure.

Evidence of good practice was found in relation to staff interactions and attention to residents throughout the dining experience and whilst in the lounges. There were also robust arrangements in place regarding monthly monitoring and Infection Prevention and Control (IPC) audits.

No areas requiring improvement were identified.

Residents described living in the home in positive terms. Comments received from residents, and people who visit them during and after the inspection are included in the main body of this report.

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

#### 4.1 Inspection outcome

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

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Catherine McDowell, acting 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 11 April 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 11 April 2019. No further actions were required to be taken following the most recent inspection.

#### 5.0 How we inspect

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

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 the dining experience
- 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. No questionnaires were returned to RQIA.

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

- one resident's records of care
- complaint records
- compliment records
- minutes of resident meetings
- reports of visits by the registered provider
- Annual Quality Report 2018
- IPC audit

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 last care inspection dated 11 April 2019 and the last medicines management inspection dated 19 March 2019**

There were no areas for improvements made as a result of the last care inspection.

Areas for improvement from the last medicines management 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> Ref: Standard 6 Stated: First time	The registered person shall ensure that care plans are reviewed and developed so that they contain sufficient detail specific to the resident, to direct the staff as to how pain and/or distressed reactions are expressed and managed.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A sample of care plans was examined and was found to reflect how the resident expresses pain/distressed reactions and how this is managed.	

**6.2 Inspection findings**

We saw from our walk around the home that it was kept clean, tidy and comfortable for residents. We saw that residents were well presented with good attention provided by staff to residents' grooming and clothing. Residents seemed to be comfortable in the home, in their interactions with each other and with staff. We saw that staff were responsive to residents when they needed help or support and this was done in a cheerful yet respectful manner.

We looked at care records and saw that these were comprehensive and accurately reflected the care provided to the individual.

We saw from the minutes of residents' meetings that residents were given to opportunity to voice their opinions on the quality of care and services in the home. We found, both from looking at these minutes and by speaking with residents, that they were satisfied with care in the home.

The home completed an annual satisfaction survey in June 2019. Whilst the feedback was good, the management of the home reported that the number of respondents was low. We

discussed different ways to encourage residents and their relatives to engage in the satisfaction survey, for example, by using mobile technology or by choosing a theme i.e. activities, family involvement, staff support or food choices. It was acknowledged that families can develop survey fatigue so it is important to find other ways such as face to face meetings to obtain views.

We looked at the complaints records and saw there had been one new complaint regarding the choices of the evening meal; one resident was not happy with the choice of sandwiches. Staff met with the resident and drafted a list of his preferences which was shared with kitchen staff. The actions and outcome were well recorded.

There was a list of activities displayed in the lounge. At the time for inspection a musician was playing music and it was evident that the residents were enjoying this. The residents told us that they enjoyed the music. Other activities included a review of the morning papers, the afternoon film, arts and crafts and discussing the news.

We saw that the evening dining experience was very relaxed. The tables were attractively dressed with cloths and with a small spray of flowers. There was serene music in the background and plenty of staff to offer assistance. The residents could have a choice from water, juice milk or tea with their meal. Menus were displayed on each table and residents had the choice of homemade pie, mash, chips, sandwiches or soup.

The person in charge explained that a new chef had been recruited and brought a fresh approach to the home. There had been a good response from the residents who particularly enjoyed his home made tray bakes.

The home had introduced a new IPC audit tool which used a scoring system. The acting manager reported that this was working well as it provided data regarding trends; this helped to identify where and when improvement was required. We identified no issues in relation to IPC practices within the home.

We reviewed the monthly monitoring reports under taken by the responsible individual. We found the template to be well drafted and covered areas such as comments from residents, medicines management, complaints and the environment. There was a robust system in place to ensure that any actions identified for improvement were tracked until they were satisfactorily addressed.

The acting manager advised that staff were vigilant with regard to identifying when residents' needs were changing and when nursing care may be required. Staff actively sought the involvement of the multi-disciplinary team and worked to assist in the reassessment process at an early stage so that any moves to nursing care are well planned and less unsettling for residents.

Residents told us that they liked living in the home and they had no complaints. Some told us they thought the evening meal could be served slightly later. We discussed this with the responsible individual who was present for part of this inspection; he agreed to have this added to the agenda for the next resident meeting.

Comments made by residents were as follows:

- "The staff are brilliant."

- “The staff are on the ball.”
- “Good food, it’s great.”
- “Everything is fine in the home, staff are polite and we would ask if we needed anything.”

A relative of a resident described the care in Glenalina Lodge as ‘brilliant’ and said, “The staff take such great care of the residents. My (relative) made the decision to come here and loves it. She was poorly nourished after coming out of hospital...she is now eating well and joins in with the activities. I find the staff are very caring. My (relative) was invited to a family event recently and the staff made sure she was perfectly turned out for it. I wouldn’t consider having her in any other home.”

We looked at a selection of the compliments received since the last care inspection:

- “To the wonderful staff in Glenalina – a big thank you ...for caring for (our relative) so well. You were always so thoughtful, positive and kind and went to the trouble to make sure (our relative’s) needs are met. He loved being here, the craic, entertainment, the activities have all been fantastic. We really appreciate all that you have done for him over the past two years. We couldn’t have chosen and better place!”
- “To all the staff and residents in Glenalina Lodge Care Centre, a huge thank you for everything you do. Glenalina is a very special place that holds so many great memories, stories and laughs. Not one day passed without laughter. Words cannot express how much gratitude and thanks me and my family have for everything over the last year...all your love, support and dedication. Every single member of staff is amazing. Everyone worked so hard daily to ensure all my needs were met - for that I am so very grateful.”

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to complaints management, resident satisfaction, activities and the dining experience.

**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**

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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