

Announced Premises Inspection Report 9 March 2018



Glenalina Lodge Care Centre

Type of service: Residential Care Home

Address: 607 Springfield Road, Belfast, BT12 7FN

Tel No: 028 9041 2030

Inspector: Gavin Doherty

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

Glenalina Lodge is a residential care home with 48 beds that provides care for older residents, residents living with dementia, poor physical or mental health, sensory impairment or alcohol dependency.

3.0 Service details

Organisation/Registered Provider: Care Circle Limited Responsible Individual(s): Christopher Walsh	Registered Manager: Peter Bradley
Person in charge at the time of inspection: Peter Bradley	Date manager registered: Registration pending since 25 October 2016
Categories of care: Residential Care (RC) RC-MP, RC-MP(E), RC-I, RC-A, RC-SI, RC-DE, RC-PH	Number of registered places: 48

4.0 Inspection summary

An announced inspection took place on 9 March 2018 from 10.00 to 12.00.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).

The inspection assessed progress with any areas for improvement identified during and since the last premises inspection and to determine if the service was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the ongoing maintenance of the premises and the monitoring of key aspects of health and safety within the premises.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Christopher Walsh, Responsible Individual, as part of the inspection process and can be found in the main body of the report.

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 required to be taken following the most recent inspection on 16 November 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:

- Recent inspection reports and returned QIPs
- Recent correspondence with the service
- The establishment related incidents reported to RQIA since the last premises inspection.

The following records were examined during the inspection:

- Service records and in-house log books relating to the maintenance and upkeep of the building and engineering services,
- Legionellae risk assessment,
- Fire risk assessment.

Areas for improvements identified at the last premises inspection were reviewed and the assessment of compliance recorded as met, partially met, or not 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 16 November 2017

The most recent inspection of the service was an unannounced care inspection. There were no areas for improvement made as a result of the inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last premises inspection dated 26 September 2016

Areas for improvement from the last premises inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27(2)(n) Stated: First time	The call system for the home should be extended into the proposed new bedroom and the en-suite facility.	Met
	Action taken as confirmed during the inspection: This was confirmed to RQIA subsequent to the last inspection.	
Area for improvement 2 Ref: Regulation 27(4)(a) Stated: First time	The fire risk assessment should be reviewed, updated and actioned as required to reflect the proposed additional resident.	Met
	Action taken as confirmed during the inspection: The most recent fire risk assessment was inspected. This was completed on the 12 February 2018.	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards (2011).		Validation of compliance
Area for improvement 1 Ref: Standard 27 Stated: First time	The layout of the proposed new bedroom should be finalised to give the optimum arrangement based on the assessed needs of any proposed occupants of the bedroom. The existing built in wardrobes should be adjusted if required to achieve the optimum room layout.	Met
	Action taken as confirmed during the inspection: This was confirmed to RQIA subsequent to the last inspection and inspected by the estates inspector.	

<p>Area for improvement 2</p> <p>Ref: Standard 28</p> <p>Stated: First time</p>	<p>The lock on the door to the proposed new bedroom should be changed so that it will be compatible with the existing master key system in the home.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>This was confirmed to RQIA subsequent to the last inspection and inspected by the estates inspector.</p>		
<p>Area for improvement 3</p> <p>Ref: Standard 28</p> <p>Stated: First time</p>	<p>The star head screws to the first floor corridor window restrictor should be changed to tamper proof screws. In addition a review and risk assessment should be carried out in relation to the type of screw that has generally been used to ensure that the risk of disconnection of the restrictors has been reduced to as low a level as is reasonably practicable.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>This was confirmed at the time of the inspection.</p>		
<p>Area for improvement 4</p> <p>Ref: Standard 28</p> <p>Stated: First time</p>	<p>Confirmation that the maximum blended hot water temperatures at the wash basin and at the shower are controlled to 41°C with DO8 Type 3 fail-safe thermostatic mixing valves should be provided to RQIA.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>This was confirmed to RQIA subsequent to the last inspection.</p>		

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.

A range of documentation in relation to the maintenance and upkeep of the establishment was presented for review during this premises inspection. This documentation included inspection and test reports for various elements of the engineering services, and risk assessments.

Documentation relating to the safe operation of the establishments installations and engineering services was also presented for review during this premises inspection.

A range of fire protection measures are in place for the establishment. This includes a fire detection and alarm system, emergency lighting installation, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. The standard used by the registered person to determine the overall level of fire safety within the establishment takes account of the interaction between the physical fire precautions, the fire hazards, the number of service users, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was carried out by a risk assessor holding professional body registration for fire risk assessors.

These measures support the delivery of safe care.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to building maintenance, health and safety, and staff fire training. Staff received face to face training in February 2018, with a fire drill undertaken on 6 February 2018.

Both the fire detection & alarm system and the emergency lighting installation are suitably maintained with the most recent servicing undertaken on 7 March 2018.

A legionella risk assessment was in place and available for inspection. This was completed on 8 October 2015 and is being maintained by the premises water safety contractor. Records were available for the temperature monitoring regime, shower maintenance and the flushing of seldom used outlets within the premises. The thermostatic mixing valves throughout the premises were serviced and set on 5 April 2017.

The fixed electrical installation was inspected on 15 April 2016 and was in a satisfactory condition. Portable appliances were tested on 24 July 2017 and no failures were noted.

All gas appliances had been inspected within the last 12 months and there were no remedial works required. All thorough examinations with regards to lifting equipment and hoists were also in place and available for inspection. Again, no remedial works were required.

The home have maintained their 5 star rating from the local council environmental health department and the kitchen extract duct work was thoroughly examined and cleaned on 12 October 2017.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

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

There are arrangements in place for routine premises management and upkeep, as well as timely breakdown/repair maintenance. Service users are involved where appropriate in decisions around the upkeep of the establishment.

This supports the delivery of effective care.

Areas of good practice

Areas of good practice were identified in relation to the environment, the management ethos of the home and infection prevention and control.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 areas of the establishment reviewed during this premises inspection were well presented, comfortable, clean, free from malodours and adequately lit. Service users are consulted about decisions around décor and their private accommodation where appropriate.

This supports the delivery of compassionate care.

Areas of good practice

Areas of good practice were identified in relation to the personalisation of resident's private accommodation and effective, sympathetic signposting throughout the premises.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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.

Premises related policies and documentation are retained in a manner which is accessible to relevant people.

Arrangements are in place for managing premises related incidents/notifiable events and Medical Device and Equipment Alerts.

The registered person has dealt appropriately with previous RQIA QIP items and other relevant issues relating to the premises and has been adequately supported and resourced by the registered responsible person.

There are appropriate relationships with maintenance personnel, specialist contractors and other statutory regulators where appropriate.

This supports a well led service.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	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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