

# Inspection Report

16 May 2023



## Glenalina Lodge Care Centre

Type of service: Residential Care Home  
Address: 607 Springfield Road, Belfast, BT12 7FN  
Telephone number: 028 9041 2030

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Radius Housing Association  <b>Responsible Individual:</b> Mrs Fiona McAnespie	<b>Registered Manager:</b> Mr Graeme Beatty  <b>Date registered:</b> 14 October 2021
<b>Person in charge at the time of inspection:</b> Mr Graeme Beatty	<b>Number of registered places:</b> 48  The following conditions currently apply: <ol style="list-style-type: none"> <li>1. Cease admissions to Glenalina Lodge Care Centre until RQIA are assured that the risk from legionella bacteria in the premise's hot &amp; cold water systems is suitably controlled.</li> <li>2. The Responsible Individual shall provide RQIA with updated sampling results on receipt of same and at least monthly progress report on progress with implementation of remedial actions.</li> </ol>
<b>Categories of care:</b> Residential Care (RC): E - Service users who are over 65 years of age but do not fall within the category of old age DE – dementia MP(E) - mental disorder excluding learning disability or dementia – over 65 years	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 7
<b>Brief description of the accommodation/how the service operates:</b>  Glenalina Lodge Care Centre is a residential care home which is registered to provide care for up to 48 residents. Accommodation is provided over two floors.	

## 2.0 Inspection summary

An unannounced inspection took place on 16 May 2023, from 10.10am to 12.00pm. The inspection was completed by a pharmacist inspector and focused on medicines management.

The purpose of the inspection was to assess if the home was delivering safe, effective and compassionate care and if the home was well led with respect to medicines management.

The areas for improvement identified at the last premises inspection (6 September 2022) and care inspection (28 February 2023) were carried forward for review at the next care inspection.

Robust governance systems were in place to ensure that medicines were managed safely and administered as prescribed. Medicine records and medicine related care plans were well maintained. Medicines were stored securely. Staff had received training and been deemed competent to manage and administer medicines. No new areas for improvement were identified.

Based on the inspection findings and discussions held, RQIA are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the management team in relation to medicines management.

RQIA would like to thank the manager and staff for their assistance throughout the inspection.

## 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection, information held by RQIA about this home was reviewed. This included previous inspection findings, incidents and correspondence. To complete the inspection, the following were reviewed: a sample of medicine related records, storage arrangements for medicines, staff training and the auditing systems used to ensure the safe management of medicines. The inspector spoke with staff and management about how they plan, deliver and monitor the management of medicines in the home.

## 4.0 What people told us about the service

The inspector met with one senior care assistant and the manager. Staff were warm and friendly and it was evident from discussions that they knew the residents well.

The staff members spoken with expressed satisfaction with how the home was managed and the training received. They said that the team communicated well and the manager was readily available to discuss any issues and concerns should they arise.

Feedback methods included a staff poster and paper questionnaires which were provided to the manager for any resident or their family representative to complete and return using pre-paid, self-addressed envelopes.

At the time of issuing this report no responses had been received by RQIA.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since the last inspection?

Areas for improvement from the last premises inspection (6 September 2022) & care inspection (28 February 2023)		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 27 <b>Stated:</b> Second time	The registered person shall ensure that all identified en-suite bathrooms are repaired so as there no visible gaps between the floors and walls.	Carried forward to the next inspection
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
Action required to ensure compliance with Residential Care Homes Minimum Standards (2021)		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 27 <b>Stated:</b> First time	The registered person shall ensure that the premise's hot and cold water systems have been suitably treated and that all samples confirm that legionella bacteria is no longer detected.	Carried forward to the next inspection
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for Improvement 2</b> <b>Ref:</b> Standard 24.3 <b>Stated:</b> First time	The registered person shall ensure that staff have recorded individual, formal supervision according to the homes procedures, and no less than every six months.	Carried forward to the next inspection

	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 12 <b>Stated:</b> First time	The registered person shall ensure that variations to the planned menu are recorded.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for Improvement 4</b> <b>Ref:</b> Standard 6.3 <b>Stated:</b> First time	The registered person shall ensure the resident, or their representative, signs the care plan. If the resident or representative is unable to sign, or choose not to sign, this is recorded.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
<b>Area for Improvement 5</b> <b>Ref:</b> Standard 13.9 <b>Stated:</b> First time	The registered person shall ensure that a record is kept of all activities that take place, the person leading the activity and the names of the resident who participate.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	

## 5.2 Inspection findings

### 5.2.1 What arrangements are in place to ensure that medicines are appropriately prescribed, monitored and reviewed?

Residents in care homes should be registered with a general practitioner (GP) to ensure that they receive appropriate medical care when they need it. At times the residents' needs may change and therefore their medicines should be regularly monitored and reviewed. This is usually done by a GP, a pharmacist or during a hospital admission.

Residents in the home were registered with a GP and medicines were dispensed by the community pharmacist.

Personal medication records were in place for each resident. These are records used to list all of the prescribed medicines, with details of how and when they should be administered. It is important that these records accurately reflect the most recent prescription to ensure that medicines are administered as prescribed and because they may be used by other healthcare professionals, for example, at medication reviews or hospital appointments.

The personal medication records reviewed at the inspection were accurate and up to date. In line with safe practice, a second member of staff had checked and signed the personal medication records when they were written and updated to confirm that they were accurate.

Copies of residents' prescriptions/hospital discharge letters were retained in the home so that any entry on the personal medication record could be checked against the prescription. This is good practice.

All residents should have care plans which detail their specific care needs and how the care is to be delivered. In relation to medicines these may include care plans for the management of distressed reactions, pain, modified diets etc.

The management of pain was reviewed. Staff advised that they were familiar with how each resident expressed their pain and that pain relief was administered when required. Care plans were in place and reviewed regularly. The audits completed at the inspection indicated that analgesia was administered as prescribed.

A small number of residents self-administer some of their prescribed medicines. Risk assessments and care plans were in place. The residents stored their medicines securely and were happy for staff to maintain oversight.

### **5.2.2 What arrangements are in place to ensure that medicines are supplied on time, stored safely and disposed of appropriately?**

Medicines stock levels must be checked on a regular basis and new stock must be ordered on time. This ensures that the resident's medicines are available for administration as prescribed. It is important that they are stored safely and securely so that there is no unauthorised access and disposed of promptly to ensure that a discontinued medicine is not administered in error.

The records inspected showed that medicines were available for administration when residents required them. Staff advised that they had a good relationship with the community pharmacist and that medicines were supplied in a timely manner.

The medicines storage areas were observed to be securely locked to prevent any unauthorised access. They were tidy and organised so that medicines belonging to each resident could be easily located.

The temperature of the medicines refrigerator and medicine storage areas were monitored and recorded each day. Guidance on how to reset the refrigerator temperature was provided at the inspection. Medicines which require cold storage were not currently prescribed.

Satisfactory arrangements were in place for the safe disposal of medicines.



### **5.2.3 What arrangements are in place to ensure that medicines are appropriately administered within the home?**

It is important to have a clear record of which medicines have been administered to residents to ensure that they are receiving the correct prescribed treatment.

The sample of medication administration records reviewed at the inspection had been completed in a satisfactory manner.

Controlled drugs are medicines which are subject to strict legal controls and legislation. They commonly include strong pain killers. The records of receipt, administration and disposal of controlled drugs were maintained to the required standard in a controlled drug record book.

Management and staff audited medicine administration on a regular basis within the home. In addition, running stock balances were maintained for all medicines which were not supplied in the monitored dosage system. The audits completed at the inspection indicated that medicines were administered as prescribed. Staff were commended for their ongoing efforts.

### **5.2.4 What arrangements are in place to ensure that medicines are safely managed during transfer of care?**

People who use medicines may follow a pathway of care that can involve both health and social care services. It is important that medicines are not considered in isolation, but as an integral part of the pathway, and at each step. Problems with the supply of medicines and how information is transferred put people at increased risk of harm when they change from one healthcare setting to another.

There had been no recent admissions to the home. The admission process for residents new to the home or returning from hospital was reviewed. Staff advised that robust arrangements were in place to ensure that they were provided with a current list of the resident's medicines and this was shared with the community pharmacist.

### **5.2.5 What arrangements are in place to ensure that staff can identify, report and learn from adverse incidents?**

Occasionally medicines incidents occur within homes. It is important that there are systems in place which quickly identify that an incident has occurred so that action can be taken to prevent a recurrence and that staff can learn from the incident. A robust audit system will help staff to identify medicine related incidents.

Management and staff were familiar with the type of incidents that should be reported. The audit system in place helps staff to identify medicine related incidents in a timely manner.

The medicine related incidents which had been reported to RQIA since the last inspection were discussed. There was evidence that the incidents had been reported to the prescriber for guidance, investigated and learning shared with staff.

### 5.2.6 What measures are in place to ensure that staff in the home are qualified, competent and sufficiently experienced and supported to manage medicines safely?

To ensure that residents are well looked after and receive their medicines appropriately, staff who administer medicines to residents must be appropriately trained.

The registered person has a responsibility to check that staff are competent in managing medicines and they are supported. Policies and procedures should be up to date and readily available.

There were records in place to show that staff responsible for medicines management had been trained and deemed competent. Update training and competency assessment was completed annually or more frequently if a need was identified. Records were available for inspection.

## 6.0 Quality Improvement Plan/Areas for Improvement

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1*	5*

\* The total number of areas for improvement includes five which are carried forward for review at the next inspection.

This inspection resulted in no new areas for improvement being identified. Findings of the inspection were discussed with Mr Graeme Beatty, Registered Manager, as part of the inspection process and can be found in the main body of the report.



Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Home Regulations (Northern Ireland) 2005	
<b>Area for Improvement 1</b>  <b>Ref:</b> Regulation 27  <b>Stated:</b> Second time  <b>To be completed by:</b> 31 December 2021	The registered person shall ensure that all identified en-suite bathrooms are repaired so as there no visible gaps between the floors and walls.
	<b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  Ref: 5.1
Action required to ensure compliance with Residential Care Homes Minimum Standards 2021	
<b>Area for Improvement 1</b>  <b>Ref:</b> Standard 27  <b>Stated:</b> First time  <b>To be completed by:</b> Prior to re-admission of residents	The registered person shall ensure that the premise's hot and cold water systems have been suitably treated and that all samples confirm that legionella bacteria is no longer detected.
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  Ref: 5.1
<b>Area for Improvement 2</b>  <b>Ref:</b> Standard 24.3  <b>Stated:</b> First time  <b>To be completed by:</b> 1 June 2023	The registered person shall ensure that staff have recorded individual, formal supervision according to the homes procedures, and no less than every six months.
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  Ref: 5.1
<b>Area for improvement 3</b>  <b>Ref:</b> Standard 12  <b>Stated:</b> First time  <b>To be completed by:</b> 1 June 2023	The registered person shall ensure that variations to the planned menu are recorded.
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>  Ref: 5.1

<p><b>Area for Improvement 4</b></p> <p><b>Ref:</b> Standard 6.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 June 2023</p>	<p>The registered person shall ensure the resident, or their representative, signs the care plan. If the resident or representative is unable to sign, or choose not to sign, this is recorded.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 5.1</p>
<p><b>Area for Improvement 5</b></p> <p><b>Ref:</b> Standard 13.9</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 June 2023</p>	<p>The registered person shall ensure that a record is kept of all activities that take place, the person leading the activity and the names of the resident who participate.</p> <p><b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b></p> <p>Ref: 5.1</p>



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