



The Regulation and  
Quality Improvement  
Authority

Glenalina Lodge Care Centre  
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Belfast  
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**Unannounced Care Inspection  
of  
Glenalina Lodge Care Centre**

**12 May 2015**

The Regulation and Quality Improvement Authority  
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Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of inspection

An unannounced care inspection took place on 12 May 2015 from 10.25 to 15.00. On the day of the inspection we found that the home was delivering safe, effective and compassionate care. We identified areas for improvement which are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSPSS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 1.1 Actions/Enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement resulting from this inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

The details of the QIP within this report were discussed with the registered manager Mrs Paula Kennedy. The timescales for completion commence from the date of inspection.

## 2. Service details

<b>Registered Organisation/Registered Person:</b> Care Circle Limited	<b>Registered Manager:</b> Mrs Paula Kennedy
<b>Person in charge of the home at the time of inspection:</b> Mrs Paula Kennedy	<b>Date manager registered:</b> 23 May 2013
<b>Categories of care:</b> RC-MP, RC-MP(E), RC-I, RC-A, RC-SI, RC-DE, RC-PH	<b>Number of registered places:</b> 47
<b>Number of residents accommodated on day of inspection:</b> 37	<b>Weekly tariff at time of inspection:</b> £470

### 3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

**Standard 14: The death of a resident is respectfully handled as they would wish.**  
**Theme: Residents receive individual continence management and support.**

### 4. Methods/Process

Prior to inspection we analysed the following records: returned Quality Improvement Plan from the previous inspection, notifications of accidents and incidents.

We met with six residents individually. We also met with three members of care staff, one visiting professional and one resident's visitor.

We inspected five care records, complaints records, staff training records, accident and incident records, four completed staff questionnaires.

### 5. The inspection

#### 5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced care inspection dated 25 November 2014. The completed QIP was returned and was approved by the care inspector.

#### 5.2 Review of requirements and recommendations from the last care inspection

Previous Inspection Recommendations		Validation of Compliance
<b>Recommendation 1</b>  <b>Ref: Standard 10.1</b>	Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.  Reference to this is made in that the policy should be updated to reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998) and to detail that RQIA must be notified on each occasion restraint is used.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and examination of the policy document confirmed that this had been updated accordingly.	

<p><b>Recommendation 2</b></p> <p><b>Ref: Standard 10.6</b></p>	<p>Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p> <ul style="list-style-type: none"> <li>Reference to this is made in that RQIA should be notified of any incident which affects the health, care or welfare of any resident.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and examination of the accident and incidents records confirmed that RQIA is notified of all incidents which affects the health, care or welfare of any resident.</p>	<p><b>Met</b></p>
<p><b>Recommendation 3</b></p> <p><b>Ref: Standard 13.4</b></p>	<p>The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p> <ul style="list-style-type: none"> <li>Reference to this is made in that the programme of activities should also be displayed in a more prominent position so that relatives are aware of the activities offered.</li> </ul> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and examination of the notice board in the main lounge area confirmed that the programme of activities is displayed in a more prominent position.</p>	<p><b>Met</b></p>

### 5.3 Standard 14: The death of a resident is respectfully handled as they would wish

#### Is care safe? (Quality of life)

Residents can spend their final days in the home unless there are documented health care needs to prevent this.

We reviewed residents' care records and could confirm that care needs assessments, risk assessments and care plans were in place and were kept under continual review. Documentation was amended as changes occurred to residents' medical conditions. The records were kept up to date to accurately reflect at all times the needs and preferences of the resident. The needs assessments and care plans were not signed by the resident or their representative. We made a recommendation in this regard.

We noted that care plans contained details of the residents' wishes regarding any specific arrangements at the time of his or her death. Care plans also noted the spiritual and cultural wishes of the residents. Where there had been discussion with the General Practitioner relating to medical interventions, this was noted within the care records. An Advanced Care Plan had been completed by the GP and was present in the resident's records.

### **Is care effective? (Quality of management)**

The home had policy and procedures in place relating to dying and death of a resident. We noted that these referenced current best practice guidance.

In our discussions with staff they confirmed that they would be able to recognise the possibility that a resident may die within the next few days or hours. Staff members were knowledgeable about obtaining multi-professional community supports (GP, District Nursing, Occupational Therapy, Speech and Language Therapy, Dietician etc). Notification of a death is made to all relevant parties in a timely manner.

Staff confirmed to us that there was a supportive ethos within the management of the home in helping residents, relatives and staff deal with dying and death.

### **Is care compassionate? (Quality of care)**

Staff members we interviewed indicated that they felt prepared and able to deliver care in a compassionate and sensitive manner. Staff were also able to articulate those values that underpin care within the home as they related to dying and death of a resident. This was to be commended.

The registered manager described how a resident had been cared for at the end of life; whilst the medical needs of the resident had been met by the GP and the district nursing team, the care needs of the resident were fully met by the staff. The family had been able to be with the resident at the end of life. The staff accommodated the family and made them comfortable within the home.

The news of the resident's death had been given to fellow residents in a sensitive manner. Over the following weeks and months the residents were supported by staff to reminisce and share memories which helped them to come to terms with the loss of a friend.

In our discussions with the registered manager she confirmed that arrangements can be made to provide spiritual care for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying are enabled to do so, if the resident wishes. Following a death, the body of the deceased resident is handled with care and respect and in accordance with his or her expressed social, cultural and religious preferences. Residents would be given the option to attend the funeral and to visit the grave after the burial.

The registered manager confirmed with us that the deceased resident's belongings are handled with care and his or her representative is consulted about the removal of the belongings. The home takes a flexible approach to the removal of belongings from the room of the deceased resident.

We inspected a sample of compliment letters and cards. Relatives of deceased residents had sent these in praise and gratitude for the compassion and kindness shown to the residents during illness and at death.

### **Areas for improvement**

There was one area of improvement identified from the standard inspected. Overall, this standard was assessed to be safe, effective and compassionate.

<b>Number of Requirements</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>1</b>
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## **5.4 Theme: Residents receive individual continence management and support**

### **Is care safe? (Quality of life)**

The staff members we interviewed were able to demonstrate knowledge and understanding of continence care. One staff member with a special interest in continence management had arranged training for the staff team by the community continence nurse. The staff member was able to describe in detail the initiatives undertaken to further develop continence support within the home. This was to be commended.

We reviewed residents' care records which confirmed that a person centred assessment and care plan was in place which related to continence. Staff members were able to describe to us the system of referral to community district nursing services for specialist continence assessment. Care plans were amended as changes occurred to residents' continence needs. Care records were kept up to date to accurately reflect at all times the needs and preferences of the resident in relation to continence management.

Through our inspection of the premises and in discussion with staff we could confirm that there was adequate provision of continence products. Staff confirmed to us that they had unrestricted access to a plentiful supply of laundered bed linen and towels, also that gloves, aprons and hand washing dispensers were present. Staff members were aware of the process for safe disposal of used continence items in line with infection control guidance.

### **Is care effective? (Quality of management)**

The home had written policy and procedures relating to continence management and promotion.

We reviewed the care records and noted that continence needs were comprehensively documented. Infection control measures had also been fully considered. We noted appropriate liaison with the community specialist nurse.

In our discussions with staff and through a review of the care records we noted that no residents had reduced skin integrity associated with poor continence management. There were no malodours noted during inspection of the premises.

### **Is care compassionate? (Quality of care)**

In our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. Residents related that staff members provide assistance with continence care in a sensitive and caring manner. In our discussion with staff it was evident that they recognised the potential loss of dignity associated with incontinence.

### Areas for improvement

There were no areas of improvement identified from the theme inspected. Overall, this theme was assessed to be safe, effective and compassionate.

<b>Number of Requirements</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 5.5 Additional areas examined

### 5.5.1 Residents' views

We met with six residents individually and with others in groups. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of care.

Some comments included:

- "I love it here. The staff are absolutely wonderful and they look after me very well. I couldn't be in a better place."
- "The food is really good here and I have got to know the staff well – they are all very good to me and very helpful."
- "I like it here. It's very comfortable and clean. It is very quiet compared with where I used to live and I am really enjoying being here. I am glad I made the move to come here, even though I didn't enjoy the thought of moving to somewhere new."
- "It's great here. I am very happy."

### 5.5.2 Staff views / staff questionnaires

We met with three staff members who spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff also indicated to us in the four returned questionnaires that they felt well supported by training and are given the necessary resources to fulfil their duties.

Some comments included:

- "Working here is a pleasure and looking after our residents is such a privilege. The residents and the staff is like one big family."
- "It is our job to make the final days of a resident as comfortable as possible, in the way that we would want for ourselves or for our family members."

### 5.5.3. Residents' visitor / representative views

We spoke with one resident's visitor who spoke positively about the care provided to residents.

Some comments included:

- "I have been given a good impression of the home. The staff are friendly, the home is clean and comfortable. A quiet room is made available for us when we visit and they have accommodated us very well. The person who we visit is very happy here."

#### **5.5.4. Visiting professional's views**

We met with one visiting professional who spoke positively about the care provided to residents.

Some comments included:

- "I find the care of the residents to be very good here. Staff know the residents well and are knowledgeable about their needs. There is a good atmosphere and the residents appear to enjoy living here."

#### **5.5.5. Environment**

The home was found to be clean and tidy. Décor and furnishings are of a very good standard. We noted that the ceiling of the smoking room was discoloured. We discussed this with the registered manager who confirmed shortly after the inspection that this was being repainted.

#### **5.5.6 Staffing**

At the time of inspection the following staff members were on duty:

- 1 manager
- 1 senior care assistant
- 3 care assistants
- 1 activities co-ordinator
- 1 administrator
- 1 cook
- 1 assistant cook
- 2 domestics
- 1 laundry assistant

One senior care assistant and three care assistants were scheduled to be on duty later in the day. One senior care assistant and two care assistants were scheduled to be on overnight duty. The registered manager advised us that staffing levels were appropriate for the number and dependency levels of the residents accommodated.

#### **5.5.7 Care practices**

In our discreet observations of care practices we evidenced residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

#### **5.5.8 Accidents / incidents**

A review of the accident and incident notifications since the previous inspection established that these had been reported and managed appropriately.

#### **5.5.9 Complaints / compliments**

Complaints had been recorded had been managed appropriately. Records were retained of investigations, outcomes and of lessons learned. The home had received several compliments.

#### **5.5.10 Fire safety**

The home had a fire safety risk assessment dated 7 May 2014. A new fire risk safety assessment was due to be carried out on 19 May 2015. Fire alarms were tested weekly. We inspected the staff training records which confirmed that staff members had received fire training twice yearly. We noted no obvious fire risks on the day of inspection.



### Areas for improvement

There were no areas of improvement identified within the additional areas examined.

<b>Number of Requirements</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## 6. Quality Improvement Plan

The issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the registered manager Mrs Paula Kennedy as part of the inspection process. The timescales commence from the date of inspection.

The registered person/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 person/manager 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 6.5. Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

### 6.6. Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSPSS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.7. Actions Taken by the Registered Manager/Registered Person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

Recommendations			
<b>Recommendation 1</b>  <b>Ref:</b> Standard 6.3  <b>Stated:</b> First time  <b>To be Completed by:</b> 28 August 2015	The registered manager should ensure that all care plans are signed by the resident or their representative, where appropriate, along with the member of staff drawing it up and the registered manager. If the resident or representative is unable to sign or chooses not to sign, this should be recorded.  Ref. section 5.3  <b>Response by Registered Manager Detailing the Actions Taken:</b> All care plans are now signed by the resident or their representative along with staff signature.		
<b>Registered Manager Completing QIP</b>	Paula Kennedy	<b>Date Completed</b>	06/07/15
<b>Registered Person Approving QIP</b>	ciaran sheehan	<b>Date Approved</b>	22/7/15
<b>RQIA Inspector Assessing Response</b>	<b>Alice McTavish</b>	<b>Date Approved</b>	<b>22 July 2015</b>

*\*Please ensure the QIP is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**