The Regulation and Quality Improvement Authority

Inspection Report

2 July 2024

Glens

Type of service: Residential Care Home
Address: 63 Middlepark Road, Cushendall, BT44 0SQ
Telephone number: 028 2177 1588

Information on legislation and standards underpinning inspections can be found on our website https://www.rqia.org.uk/

1.0 Service information

Registered Provider: Ms Paula Magee & Ms Siobhan McHugh **Registered Person/s:** Ms Paula Magee & Ms Siobhan McHugh ,	**Registered Manager:** Ms Siobhan McHugh **Date registered:** 6 May 2020
Person in charge at the time of inspection: Finvola Sloan - Person in Charge 9.30am – 10.30 Ms Siobhan McHugh – Manager 10.30am	**Number of registered places:** 16
Categories of care: Residential Care (RC) I – Old age not falling within any other category. 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. PH(E) - Physical disability other than sensory impairment – over 65 years.	**Number of residents accommodated in the residential care home on the day of this inspection:** 15
Brief description of the accommodation/how the service operates: This home is a registered residential care home which provides health and social care for up to 16 residents. The home is situated over the ground floor with communal bathrooms, a lounge, a dining room and individual bedrooms. The outside area comprises of mature gardens and residents seating areas.	

2.0 Inspection summary

An unannounced inspection took place on 2 July 2024, from 9.30 am to 3.50 pm by a care inspector.

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

Areas requiring improvement were identified and are included in the main body of the report and the Quality Improvement Plan (QIP) in section 7.0.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were 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 we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

Residents and staff were spoken with individually and in small groups about living and working in the Glens.

Residents were complimentary about the care provided by staff, the meals and the cleanliness of the home.

Staff said they felt well supported by the management team, received regular training and had no concerns about staffing levels.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

5.0 The inspection

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

Areas for improvement from the last inspection on 3, 5 and 11 July 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for Improvement 1 **Ref:** Regulation 13 (7) **Stated:** First time	The registered person shall ensure the IPC issues identified in the report are addressed.	**Partially met**
	Action taken as confirmed during the inspection: Evidence showed that this area for improvement was partially met. This is discussed further in section 5.2.3. This area for improvement has been stated for a second time.	
Area for Improvement 2 **Ref:** Regulation 14 (2) (a) **Stated:** First time	The registered person shall ensure all parts of the residential care home to which residents have access are free from hazards to their safety.	**Not met**
	Action taken as confirmed during the inspection: Evidence showed that this area for improvement was not met. This is discussed further in section 5.2.3. This area for improvement has been stated for a second time.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		**Validation of compliance**
Area for Improvement 1 **Ref:** Standard 19.2	The registered person shall ensure that recruitment checks for staff employed in the home are completed before commencing employment.	**Met**

Stated: Second time	**Action taken as confirmed during the inspection**: Evidence showed that this area for improvement was met.	
Area for improvement 2 **Ref:** Standard 10 **Stated:** First time	The registered person should ensure that the management of distressed reactions is reviewed to include: • specific dosage directions and any other details specific to the resident in care plans • the reason for and outcome of administration recorded on every occasion.	**Carried forward to the next inspection**
	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.	
Area for Improvement 3 **Ref:** Standard 6 **Stated:** First time	The registered person should ensure that when medicines are crushed: • this is clearly identified on the personal medication record • a care plan is in place prescriber authorisation/assessment of suitability of this medicine for crushing is recorded.	**Carried forward to the next inspection**
	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.	
Area for Improvement 4 **Ref:** Standard 6 **Stated:** First time	The registered person should ensure that the care records are kept up to date and reflect the residents' repositioning care requirement.	**Partially met**
	Action taken as confirmed during the inspection: Evidence showed that this area for improvement was partially met. This is discussed in further detail in section 5.2.2. This area for improvement has been stated for a second time.	

Area for Improvement 5 **Ref:** Standard 15.12 **Stated:** First time	The registered person shall ensure that the residents' monies and valuables held in the safe place are reconciled (checked) at least quarterly and recorded. The records should be signed by the person undertaking the reconciliation and countersigned by a senior member of staff.	**Carried forward to the next inspection**
	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.	
Area for Improvement 6 **Ref:** Standard 15.7 **Stated:** First time	The registered person shall ensure that receipts are provided to the person depositing monies on behalf of a resident. The person depositing the monies should sign the record along with a member of staff.	**Carried forward to the next inspection**
	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.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job. Mandatory training showed compliance and included moving and handling, health and safety and fire safety.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota recorded the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. The days worked by the manager and/or deputy manager were recorded on the staff duty rota. However, the rota did not record their planned working hours over a 24-hour period. This was discussed with the management team, who updated the rota to reflect the hours worked.

Records identified that any person who has responsibility for taking charge of the home in the absence of the manager has a competency and capability assessment in place.

Staff said there was good teamwork and a good system of communication between management and staff. Staff told us that there was enough staff on duty to meet the needs of the residents.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. Examination of the staff duty rota confirmed this.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff interactions with resident was observed to be polite supportive and understanding. Staff were prompt in recognising residents' needs and any early signs of distress or illness. Staff communicated with residents in a respectful, understanding and sensitive way.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.
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At times some residents may be required to use equipment that can be considered to be restrictive. For example, bed rails, alarm mats. It was established that safe systems were in place to manage this aspect of care.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Residents who are less able to mobilise require special attention to their skin care.
These residents were assisted by staff to change their position. Care records reviewed were not up to date with residents' repositioning care requirements and correct mattress setting. This area for improvement has been stated for a second time.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity for residents to socialise. The atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.
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Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

Care records were reviewed and found that essential care plans were not all in place and not regularly reviewed and updated. This is in relation to mobility, skin care and daily updates. This was discussed with the manager and an area for improvement was identified

Residents' individual likes and preferences were reflected throughout the records. Care plans contained specific information on what or who was important to them.

The outcome of visits from any healthcare professional was recorded. Care records were held confidentially.

5.2.3 Management of the Environment and Infection Prevention and Control

The home's environment was homely, tidy and generally well maintained. Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished, and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to ensure the management of risks associated infectious diseases. For example, any outbreak of infection was reported to the Public Health Authority (PHA).

Improvement was noted as a number of IPC issues raised during the last care inspection had been fully addressed. However; cleaning wipes continued to be inappropriately stored. This area for improvement was therefore partially met and has been stated for a second time. Paper towels, continence pads and Personal Protective Equipment (PPE) were not being stored in line with IPC policy and procedures. A new area for improvement has been identified

Staff were observed to carry out hand hygiene at appropriate times and in accordance with the regional guidance.

A laundry room, sluice room and store containing a hot tank were noted to be unlocked resulting in a health and safety risk. This area for improvement has been stated for a second time.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Could have family/friends in their room or one of the lounges.

Residents also told us that they were encouraged to participate in regular resident meetings which provided an opportunity for residents to comment on aspects of the running of the home. For example, planning activities and menu choices.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for residents by staff. This included games, arts and crafts and pamper sessions.

Staff recognised the importance of maintaining good communication with families. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Ms Siobhan McHugh has been the manager in this home since 6 May 2020.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents, however there were no audits in place for restrictive practices, falls overview, the environment and skin care. An area for improvement was identified.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home, however not all accidents and incidents were reported appropriately to RQIA. An area for improvement was identified.

There was a system in place to manage complaints.

Staff commented positively about the management team and described them as supportive, approachable and always available for guidance.

The home was visited each month by the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified were action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and/or the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2).

	Regulations	Standards
Total number of Areas for Improvement	3*	8*

* The total number of areas for improvement includes two regulations and one standard that have been stated for a second time and three standards which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Siobhan McHugh, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 **Ref:** Regulation 13 (7) **Stated:** Second time **To be completed by:** With immediate effect (2 July 2024)	The registered person shall ensure the IPC issues identified in the report are addressed. Ref: 5.1 and 5.2.3
	Response by registered person detailing the actions taken: This was addressed before end of day on 2nd July 2024
Area for improvement 2 **Ref:** Regulation 14 (2)(a) **Stated:** Second time **To be completed by:** With immediate effect (2 July 2024)	The registered person shall ensure all parts of the residential care home to which residents have access are free from hazards to their safety. Ref: 5.1 and 5.2.3
	Response by registered person detailing the actions taken: Existing locks on storage room doors were replaced 3rd July 2024
Area for improvement 3 **Ref:** Regulation 30 **Stated:** First time **To be completed by:** With immediate effect (2 July 2024)	The registered person shall ensure that all notifiable events which take place in the home are reported to RQIA in a timely manner. Ref: 5.2.5
	Response by registered person detailing the actions taken: After some contradicting information from different RQIA inspectors to what is in fact a notifiable event, events highlighted by the inspector on 2nd July that should have been reported were reported on 4th July as instructed.

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 **Ref:** Standard 6 **Stated:** Second time **To be completed by:** With immediate effect 2 July 2024	The registered person should ensure that care records are kept up to date and reflect the residents' repositioning care requirement. Ref: 5.1 and 5.2.2
	Response by registered person detailing the actions taken: This was completed during the inspection prior to inspector leaving the building.
Area for improvement 2 **Ref:** Standard 10 **Stated:** First time **To be completed by:** 29 October 2023	The registered person should ensure that the management of distressed reactions is reviewed to include: • specific dosage directions and any other details specific to the resident in care plans • the reason for and outcome of administration recorded on every occasion. Ref: 5.1 and 5.2.6
	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.
Area for improvement 3 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 29 October 2023	The registered person should ensure that when medicines are crushed: • this is clearly identified on the personal medication record • a care plan is in place prescriber authorisation/assessment of suitability of this medicine for crushing is recorded. Ref: 5.1 and 5.2.6
	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.

Area for improvement 4 **Ref:** Standard 15.12 **Stated:** First time **To be completed by:** From the date of inspection (11 July 2023)	The registered person shall ensure that the residents' monies and valuables held in the safe place are reconciled (checked) at least quarterly and recorded. The records should be signed by the person undertaking the reconciliation and countersigned by a senior member of staff. Ref: 5.1 and 5.2.6
	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.
Area for improvement 5 **Ref:** Standard 15.7 **Stated:** First time **To be completed by:** From the date of inspection (11 July 2023)	The registered person shall ensure that receipts are provided to the person depositing monies on behalf of a resident. The person depositing the monies should sign the record along with a member of staff. Ref: 5.1 and 5.2.6
	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.
Area for improvement 6 **Ref:** Standard 6 **Stated:** First time **To be completed by:** 20 July 2024	The registered person shall ensure that appropriate care records are in place and kept up to date for mobility, skin care and daily updates. Ref: 5.2.2
	Response by registered person detailing the actions taken: This was addressed during the inspection before inspector left the building.
Area for improvement 7 **Ref:** Standard 46 **Stated:** First time **To be completed by:** 20 July 2024	The registered person shall ensure paper towels, continence pads and (PPE) are stored in line with IPC policy and procedures. Ref: 5.2.3
	Response by registered person detailing the actions taken: Storage rooms rearranged on 3rd July after 25 of inspections from RQIA and never being raised before.

Area for improvement 8 **Ref:** Standard 20.10 **Stated:** First time	The registered person should ensure that audits are completed regularly for restrictive practices, falls overview, the environment and skin care and actions required are completed. Ref: 5.2.5
To be completed by: 31 July 2024	**Response by registered person detailing the actions taken:** Another audit added to auditing system. Now being carried out by person in control during monthly visits.

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