

Inspection Report

11 & 12 September 2024



Glenabbey Manor

Type of service: Residential Care Home
Address: 93 – 97 Church Road, Glengormley,
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 Service information

Organisation/Registered Provider: Kathryn Homes Ltd Responsible Individual Mrs Tracey Anderson	Registered Manager: Mrs Liza Lorimer Date registered: 6 January 2022
Person in charge at the time of inspection: Mrs Liza Lorimer	Number of registered places: 76 A maximum of 47 residents in category RC-DE; 19 accommodated on the ground floor and 28 accommodated on the first floor. A maximum of 29 residents in category RC-I accommodated on the second floor.
Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia.	Number of residents accommodated in the residential care home on the day of this inspection: 68
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 76 residents. The home is divided into three units, over three floors, The Meadow unit is located on the ground floor; the Hill unit is located on the first floor and the Mountain unit is located on the second floor. Residents' bedrooms all have en suite facilities. Residents have access to communal lounges and dining rooms and an enclosed garden area and patio area.	

2.0 Inspection summary

An unannounced inspection took place on 11 September 2024, from 9.30 am to 4.30 pm and on 12 September 10 am to 2.00 pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

It was evident that staff promoted the dignity and well-being of residents; staff were observed spending time with residents, chatting and joking with them in a respectful manner.

Staff were knowledgeable with regards to the residents' needs and preferences and were trained to deliver safe and effective care. Staff provided care in a compassionate manner; they were respectful in all their interactions both with residents and each other.

Residents said that living in the home was a good experience. Residents confirmed that they would have no issue raising any concerns or complaints to staff. Specific comments received from residents are included in the main body of this report.

Evidence of good practice was found in relation to care delivery and maintaining good working relationships with the wider Multi-Disciplinary Team (MDT).

There were no areas for improvement identified during this inspection. RQIA were sufficiently assured that the delivery of care and service provided in Glenabbey Manor was safe, effective and compassionate, and that the home was well led.

The findings of this report will provide the manager with the necessary information to continue 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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 Mrs Liza Lorimer, manager at the conclusion of the inspection.

4.0 What people told us about the service

Residents told us that they were happy living in the home. Residents' comments included; "I am happy here, there is always something to do," and "this is a very nice place, everything is ok."

We spoke to one residents' relative who told us they had no concerns about the home, commenting; "I am very happy with the care given, the residents are very well looked after." This relative also confirmed that the communication from the home was excellent.

Staff commented that the home was a "great place to work," all staff spoken to commented on the "good teamwork and excellent communication between staff." Staff spoken to said that they felt well supported within the home and were encouraged to complete any training relevant to their roles and responsibilities.

A professional visiting the home commented, "the staff are very good, I have no concerns and the communication is excellent."

A record of compliments received about the home was kept and shared with the staff team, this is good practice. One compliment referred to the "amazing job" that staff do.

No questionnaires were received from relatives or visitors. No responses were received from the staff online survey.

5.0 The inspection

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

The last inspection to Glenabbey Manor was undertaken on 31 January 2024 & 01 February 2024 by a care inspector; no areas for improvement were identified.

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.

Review of records and discussion with staff evidenced that inductions were completed for all staff working in the home, care staff and domestics. Discussion with staff confirmed that they found the inductions helpful and informative. Staff confirmed that they felt supported and were paired with more experienced staff so that they could become familiar with the policies and procedures in the home and with patients' preferred routines.

The manager had a system in place to monitor staff's registration with the Northern Ireland Social Care Council (NISCC). Records in the home confirmed that staff were either registered with NISCC or in the process of registering.

There were systems in place to ensure staff were trained and supported to do their job.

The staff duty rota accurately reflected 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.

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. For example, staff were observed supporting residents to spend time in their bedrooms or in the communal lounges watching TV.

Staff said there was good teamwork and that they felt well supported in their role, were satisfied with the training arrangements and with the level of communication between staff and management. One member of staff told us, "I like it here, the staff and residents' are great; we all work together as a team," A second member of staff commented, "the care given here is very good, I have no concerns."

Staff told us that the residents' needs and wishes were very important to them. Staff responded to requests for assistance promptly in a caring and compassionate manner. It was clear through observation of the interactions between the residents and staff that the staff knew the residents well.

Resident's spoke positively about the staffing in the home, comments included, "The staff take time to chat to me, this is my home now, I love it."

Relatives and professionals spoken to expressed no concerns regarding staffing arrangements within the home.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences.

Staff were observed to be prompt in recognising residents' needs. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents.

The dining experience was an opportunity of residents to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience.

A choice of meal was offered and the food was attractively presented and smelled appetising. An effective system was in place to identify which meal was for each individual patient, to ensure residents were served the right consistency of food and their preferred menu choice. Meals were appropriately covered on transfer whilst being taken to residents' rooms. There was a variety of drinks available.

Staff were observed providing additional support to residents who needed help, using gentle encouragement, prompting and humour.

There was evidence that residents' weights were checked regularly to monitor weight loss or gain. Records showed onwards referrals when concerns were raised with regards to significant fluctuations in weight.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

There was evidence of a person centred approach throughout care records. For example, care plans were detailed and contained specific information on each individual resident's care needs and what or who was important to them. Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

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

At times some residents may be required to use equipment that can be considered to be restrictive. For example, alarm mats. There was a system in place for reviewing these regularly to ensure they are the least restrictive form of practice.

Some residents had been assessed as not having capacity to make certain decisions to maintain their safety. Deprivation of Liberty Safeguards (DoLS) records were in place, and this was reflected the care plans viewed.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded. Any concerns raised by staff with regards to residents were recorded and addressed in a timely manner.

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, bathrooms, storage spaces and communal areas such as lounges. The home was warm, clean and comfortable. Patients' bedrooms were clean, tidy and personalised with items of importance to each patient, such as family photos and sentimental items.

There was evidence that the environment was well maintained and a review of records confirmed that the required safety checks and measures were in place and regularly monitored. Corridors were clean and free from clutter or hazards.

Fire doors were unobstructed and areas containing items with potential to cause harm such as the cleaning store and sluice room were appropriately secured.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. The latest fire risk assessment was completed on 11 July 2024, actions from this assessment have been signed off as being completed. 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 with infectious diseases. For example, there was ample supply of personal protective equipment (PPE) within the home.

Staff were observed using PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. Review of records, observation of practice and discussion with staff confirmed that effective training on IPC measures had been completed.

5.2.4 Quality of Life for Residents

There was a range of activities provided for residents by staff including; social, community, religious and creative events. The activity schedule was on display for residents and their relatives' to observe. One resident said, "there is something to do every day, quizzes, music and games, my family are always welcome when they visit."

Some residents told us they preferred to be private and remain in their rooms, but felt supported by staff to have these wishes maintained. Residents had access to books and television, or their other preferred choice.

Discussion with residents' and a review of the minutes of residents' meetings evidenced that residents were encouraged to comment on aspects of the running of the home. For example, planning activities and menu choices.

Staff recognised the importance of maintaining good communication with families. The relative spoken to confirmed that the communication between the home and the family was excellent. Visiting arrangements were well managed and relatives said that they always felt welcomed when visiting the home.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Liza Lorimer has been the manager of the home since 6 January 2022.

The service was well led with a clear management structure and a system in place to provide managerial oversight of the delivery of care to residents.

Review of records evidenced that a number of audits were completed to assure the quality of care and services. For example, audits were completed regarding care records, falls, wounds, accidents/incidents, complaints, the environment and IPC practices including hand hygiene.

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. Staff commented positively about the manager and described him as supportive and approachable. Staff told us that there was good communication from management and everyone knew what was expected of them.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

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 director of operations 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.

Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home. This is good practice.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

The home was visited each month by a representative of 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.

6.0 Quality Improvement Plan/Areas for Improvement

	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 Mrs Liza Lorimer, manager, as part of the inspection process and can be found in the main body of the report.



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