The Regulation and Quality Improvement Authority

Inspection Report

Name of Service: Glendun Residential Home

Provider: Glendun Nursing Home Ltd

Date of Inspection: 13 February 2025

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:	Glendun Nursing Home Ltd
Responsible Individual:	Mr David Leo Morgan
Registered Manager:	Mrs Katrina Mary O'Hara

Service Profile –
This home is a registered residential care home which provides health and social care for up to 15 residents. The home is registered to provide general health and social care for residents over and under 65 years of age and one resident with a learning disability.

There are a range of communal areas throughout the home which residents have access to. There is a separate registered nursing home which occupies the same building and the registered manager for this home manages both services.

2.0 Inspection summary

An unannounced inspection took place on 13 February 2025, between 9.50 am and 4.50 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 14 February 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was established that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

While we found care to be delivered in a safe and compassionate manner, improvements were required to ensure the effectiveness and oversight of the care delivery.

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.

As a result of this inspection five areas for improvement were assessed as having been addressed by the provider. One other area for improvement has been carried forward for review at a future inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 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 against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents spoken with generally provided positive feedback about their experiences living in the home. Comments shared included; "everyone is very friendly" and "everyone is very nice and helpful." Other comments made by residents were shared with the manager for review and action as appropriate.

Questionnaires returned by residents provided positive feedback reporting they found the care to be; safe, effective, compassionate and well-led. Some of the comments included, "the staff are very helpful and kind, the home has a welcoming atmosphere."

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. Comments made by a resident regarding their preferred bed time was shared with the manager for review and action as appropriate.

Residents said that staff offered choices to them 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.

Staff said they enjoyed working in the home and that there was good teamwork. One of the comments shared included, “there is great teamwork, the girls always help each other out.”

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of systems in place to manage staffing. Improvements were required regarding staff attendance at mandatory training for example; adult safeguarding and fire training. Evidence was provided in writing following the inspection confirming improvements in staff attendance at mandatory training.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels. Comments shared by one member of staff regarding staffing levels were shared with the manager for review and action appropriate.

3.3.2 Quality of Life and Care Delivery

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 and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents’ needs.

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. Staff were also observed offering residents choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive for example; alarm mats. It was established that systems were in place to review and manage this aspect of care, however; these did not always include a review of those residents with alarm mats in place. The manager provided assurances this would be included as part of future restrictive practice audits.

Examination of care records and discussion with staff confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to their GP.

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 and their diet modified.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Prior to the mealtime staff held a safety pause to consider those residents who required a modified diet. It was observed that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with residents was well understood by the manager and staff. It was observed that staff knew and understood residents' preferences and wishes and helped to support residents with their chosen activity such as reading, listening to music or waiting for their visitors to come.

Life story work with residents and their families helped to increase staff knowledge of residents' interests and enabled staff to engage in a more meaningful way with them throughout the day.

Staff understood that meaningful activity was not isolated to the planned social events or games. Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

The weekly programme of social events was displayed on the noticeboard and was visible for both residents and families advising of future events.

Residents' needs were met through a range of individual and group activities such as bingo, board games, arts and crafts or seasonal events for example; Valentines activities were scheduled to take place.

Residents were well informed of the activities planned for the week and of their opportunity to be involved and looked forward to attending the planned events.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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.

Care records were person centred and generally well maintained. A discussion took place with the management team to ensure that all care plans are regularly reviewed and updated to ensure they continue to meet the residents' needs, for example; activities. Care staff recorded regular evaluations about the delivery of care. Assurances were provided by the manager that this would be monitored and addressed.

3.3.4 Quality and Management of Residents' Environment

The home was bright and welcoming. Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were decorated, warm and comfortable. There was evidence of general wear and tear to some aspects of the environment, for example; the paintwork and some panelling. Assurances were provided by the management team that refurbishments are taking place across the home as part of a rolling refurbishment plan.

There was evidence of denture cleaning tablets in one resident's bedroom which were not stored securely. This was addressed at the time of the inspection and assurances were provided measures were in place to safely manage denture cleaning tablets.

Discussion with the management team confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit. For example, fire safety checks and resident call system checks.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Katrina Mary O'Hara has been the Registered Manager in this home since 21 December 2018.

Residents and staff commented positively about the manager and described her as supportive and able to provide guidance.

Review of a sample of records evidenced that systems for reviewing the quality of care, other services and staff practices was in place. There was evidence of a number of notifiable events which had not been reported to RQIA appropriately, for example; an allegation of staff misconduct. The systems in place to monitor and record Adult Safeguarding referrals was not robust whereby.; these did not clearly evidence the referral, outcomes or persons informed. Two new areas for improvement were identified. A discussion took place with the management team to ensure the adult safeguarding champion is appropriately trained and competent in managing and responding to allegations of abuse. Assurances were provided in writing following the inspection that this has been completed.

Residents and staff said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1	2*

* the total number of areas for improvement includes one standard that has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr David Leo Morgan, Responsible Individual and Mrs Katrina Mary O'Hara, 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 30 **Stated:** First time **To be completed by:** 13 February 2025	The Registered Person shall ensure that were appropriate, accident, incidents or other events are reported to RQIA and other relevant organisations in accordance with legislation. This includes but is not limited to allegations of staff misconduct. Ref: 3.3.5
	Response by registered person detailing the actions taken: All accidents, incidents and other events will continue to be reported to RQIA and other relevant organisations as per legislation.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 **Ref:** Standard 31 **Stated:** First time **To be completed by:** From the date of inspection (16 June 2022)	The Registered Person shall closely monitor the completion of medicine administration records to ensure these are fully and accurately maintained. Ref: 2.0
	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 2 **Ref:** Standard 16 **Stated:** First time	The Registered Person shall ensure there are robust systems in place to manage Adult Safeguarding. This is with specific reference to maintaining written records of all suspected, alleged or actual incidents of abuse. The records should include details of the investigation, the outcome and action taken.

To be completed by: 13 February 2025	Ref: 3.3.5
	Response by registered person detailing the actions taken: Adult safeguarding systems are in place to manage any suspected, alleged or actual incidents of abuse

Please ensure this document is completed in full and returned via the Web Portal

The Regulation and Quality Improvement Authority

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