



# Unannounced Care Inspection Report

## 3 March 2020



## Glendun Residential Home

**Type of Service: Residential Care Home**  
**Address: 67 Knocknacarry Road, Cushendun,**  
**Antrim, BT44 0NS**  
**Tel no: 028 2176 1222**  
**Inspector: Stephen O'Connor**

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to 16 residents within the categories of care listed in section 3.0 below. A nursing home which is registered separately with RQIA to provide nursing care for up to 30 patients also operates from the same premises. Communal areas within the premises are used by both residents and patients.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Glendun Nursing Home Ltd  <b>Responsible Individual:</b> David Leo Morgan	<b>Registered Manager and date registered:</b> Katrina Mary O'Hara 21 December 2018
<b>Person in charge at the time of inspection:</b> Katrina Mary O'Hara	<b>Number of registered places:</b> 16 2 – RC – DE named residents 1 – RC – LD named resident
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category DE – Dementia LD - Learning Disability PH - Physical disability other than sensory impairment PH (E) - Physical disability other than sensory impairment – over 65 years	<b>Total number of residents in the residential care home on the day of this inspection:</b> 14

### 4.0 Inspection summary

An unannounced inspection took place on 3 March 2020 from 10:05 hours to 14:15 hours.

This inspection focused on the following areas:

- the environment
- dining experience
- incident management
- care records
- consultation with residents, staff and visiting professionals

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surroundings and in their interactions with others.

One new area for improvement was identified in relation to monthly monitoring reports. One area for improvement in relation to staff supervision has not been met and is stated for the second time.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	*2

\*The total number of areas for improvement includes one standard which has been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Katrina Mary O'Hara, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

## 4.2 Action/enforcement taken following the most recent inspection dated 17 December 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 17 December 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

During the inspection the inspector met with two residents, five staff and one visiting professional. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

A poster informing visitors to the home that an inspection was being conducted was displayed and invited visitors to speak with the inspector.

The following records were examined during the inspection:

- incident and accident records from 17 December 2019 to 3 March 2020
- the care records of three residents
- resident care charts including food and fluid intake charts
- documentation pertaining to the management of complaints
- two monthly monitoring reports dated 28 January 2020 and 27 February 2020

Areas for improvements identified at the last care inspection were reviewed and an assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 17 December 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 4 (3)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that each resident or their representative receive a copy of the resident guide.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>A copy of the resident guide was available in the reception area of the home. The manager confirmed that a copy of the resident guide was given to all residents and that the guide is available to all residents/visitors who request it. It was also confirmed that arrangements are in place for the resident guide to be professionally printed. It was suggested that once the professionally printed resident guide has been distributed to all relevant parties this is recorded in the residents notes.</p>	<b>Met</b>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Regulation 19 (2) Schedule (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that all relevant records required to be held by the residential care home are maintained separately from the nursing home records.</p>	

	<p><b>Action taken as confirmed during the inspection:</b></p> <p>The manager confirmed that separate records are maintained for the residential care home and the nursing home. All records requested pertaining to the residential care home were maintained separately from the nursing home records, with the exception of regulation 29 unannounced quality monitoring reports. This is discussed further in section 6.2.6 of this report.</p> <p>We observed separate complaints/accident books, separate records pertaining to audits, designated filing cabinets for each registered service. The manager confirmed that all ancillary records and tools have been reviewed and amended as necessary to ensure they reflect if they are for use in relation to the residential care home or the nursing home.</p>	
<p><b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 6.2</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that staff record the full intervention measures to minimise identified fall risk within care plans.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>Review of accident records identified one resident who had a recent fall. The care records for the identified resident were reviewed. The review of records evidenced that the fall was managed in keeping with best practice guidance and all relevant care records and risk assessments had been updated.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 25.8</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that staff meetings take place on a regular basis at least quarterly.</p> <p><b>Action taken as confirmed during the inspection:</b></p> <p>The manager confirmed that it is envisaged that staff meetings will be held on at least a quarterly basis. Minutes of a staff meeting held on 28 January 2020 were maintained and reviewed. Three further staff meetings have been scheduled during 2020.</p>	<p><b>Met</b></p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 17.10</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that complaints pertaining to the residential home are clearly identified.</p>	<p style="text-align: center;"><b>Met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The manager confirmed that a new complaints book for the residential care home has been started. This book commenced January 2020. No complaints have been received by the residential care home since the most recent inspection during December 2019.</p>		
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard: Best Practice Guidelines</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall undertake a review and implement individual staff supervision model which provides staff with the necessary support and guidance in accordance with current best practice.</p>	<p style="text-align: center;"><b>Partially met</b></p>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The manager confirmed that group supervision sessions have commenced. Records pertaining to a group supervision session held on 21 February 2020 were available for review. A senior care assistant group supervision session in relation to care planning was held on 27 February 2020. The manager confirmed that individual staff supervision has not been introduced.</p>		
<p>This area for improvement has not been fully met and is stated for the second time.</p>		

## 6.2 Inspection findings

### 6.2.1 The environment

As discussed two separately registered services operate within the premises. Communal areas within the home are used by both residents and patients. The registration of each establishment specifies which bedrooms can be used by residents of the residential home and which bedrooms can be used by patients of the nursing home.

We reviewed the home's environment undertaking observations of a sample of bedrooms, bathrooms, lounges, the dining room and storage areas. Fire exits were observed to be clear of clutter and obstruction. Bedrooms and communal rooms were well maintained, clean and tidy. We observed that all store rooms requiring restricted access were locked with either a key or keypad. Staff adhered to safe and healthy working practices.

## **6.2.2 Dining experience**

Residents and staff confirmed that they had 24 hour access to food and drink. Residents commented positively on the food provided in the home.

We reviewed the lunchtime meal experience in the home from 12.30 hours to 13.00 hours. Residents dined in the main dining room or at their preferred dining area such as their bedroom or the lounge. Food was plated in the dining room in accordance with the resident's menu selection. The food was only served when residents were ready to eat their meals or to be assisted with their meals. A range of drinks was served with the meal. The food served appeared nutritious and appetising. Specialist diets were also catered for.

Staff were knowledgeable in relation to residents dietary requirements. Residents wore clothing protectors, where required and staff wore aprons when serving or assisting with meals. Staff were observed chatting with residents when assisting with meals and residents were assisted in an unhurried manner. The mealtime was well supervised. Food intake records were maintained well.

## **6.2.3 Incident management**

As discussed, we confirmed a separate accident book specifically for use by the residential care home was in place. This book commenced on 23 December 2019. All accidents/incidents recorded in the book were reviewed. Review of the home's internal accident and incidents records confirmed that incidents were well managed, with appropriate action taken to ensure the safety of residents. We evidenced that where an incident met the threshold for notification to RQIA a notification had been submitted.

## **6.2.4 Care records**

Three care records were selected for random review. Review of these records evidenced that appropriate individualised risk assessments were completed on each resident at the time of their admission. Risk assessments had been reviewed regularly and care plans had been developed which were reflective of the risk assessments. Care plans had also been reviewed and updated regularly.

## **6.2.5 Deprivation of Liberty Safeguards (DoLS)**

Access to the home is restricted. The main entrance has a keypad lock, emergency exits are alarmed. A discussion took place in regards to DoLS. The unit manager confirmed that all residents admitted to Glendun Residential Home have a Trust care manager who ensures all relevant paperwork is provided on admission.

## **6.2.6 Monthly monitoring reports**

As discussed in section 5.0 of this report, two reports detailing the findings of monthly monitoring reports dated 28 January 2020 and 27 February 2020 were reviewed. We noted that the responsible individual produced one report for the residential care home and nursing home. As these services are registered separately with RQIA, separate monthly monitoring reports should be generated following the unannounced visits. An area for improvement against the standards has been made in this regard.



### 6.2.7 Consultation with residents, staff and visiting professionals

During the inspection we consulted with two residents, five staff and one visiting professional. Residents appeared to be relaxed and comfortable in their surroundings and in their interactions with others. The residents spoken with were very positive about their experience of living in the home, stating that staff were very friendly and helpful. None of the residents spoken with voiced any concerns.

The visiting professional, a district nurse, indicated that they felt staff knew the residents really well, and that staff were responsive to residents' needs and communicate well with relevant people in the residents' care.

Of the 10 questionnaires left in the home, two were returned; both residents indicated that they were very satisfied the home was providing safe, effective and compassionate care and that the home was well led. One of the questionnaires included a positive comment in regards to the standard of care received.

No completed staff questionnaires were submitted to RQIA following the inspection.

#### Areas of good practice

Residents were positive about their experiences living in the home. Residents were offered choice and were treated with dignity and respect during the lunchtime meal.

#### Areas for improvement

A separate monthly monitoring report should be maintained in respect of the residential care home.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	1

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Katrina Mary O'Hara, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

## **7.1 Areas for improvement**

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard: Best Practice Guidelines  <b>Stated:</b> Second time  <b>To be completed by:</b> 29 February 2020	<p>The registered person shall undertake a review and implement individual staff supervision model which provides staff with the necessary support and guidance in accordance with current best practice.</p> <p>Ref: 6.1</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> A review of the current supervision model has been undertaken and individual staff supervision model implemented which provides staff with the necessary support and guidance in accordance with current best practice</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 20.11  <b>Stated:</b> First time  <b>To be completed by:</b> 3 March 2020	<p>The registered person shall ensure that monthly monitoring reports only detail the main findings of unannounced quality monitoring visits in relation to Glendun Residential Home.</p> <p>Ref: 6.2.6</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> We will continue to provide a Reg29 report that makes explicit reference to Nursing Home and Residential Home issue/items as agreed at previous inspections. Due to current Covid-19 outbreak we have completely locked down our home(s) and as a result we do not anticipate Reg29 reports will be available for 2 to three months as no visitors are permitted at this time.</p>

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



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