Unannounced Care Inspection Report
5 May 2016

Gnangara

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Inspector: Laura O'Hanlon

1.0 Summary

An unannounced inspection of Gnangara took place on 5 May 2016 from 10.00 to 18.00.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

A requirement was made to ensure that adequate staff are on duty in the home as appropriate to meet the health and welfare of residents. This issue refers to one identified Saturday when the staffing levels consisted of one senior care assistant and one care assistant on duty in the home in the afternoon. There were residents who require the assistance of two carers and this would result in a lack of appropriate supervision for residents.

A recommendation was made to review the adult safeguarding policies and procedures to reflect the current regional guidance. A second recommendation was made to review the statement of purpose to ensure it references restrictive practices used in the home.

Is care effective?

There were no requirements or recommendations made in regard to effective care. There were examples of good practice found throughout the inspection in relation to care records and communication between residents, staff and other key stakeholders.

Is care compassionate?

There were no areas for improvement identified. There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and to taking into account the views of residents.

Is the service well led?

A requirement was made to ensure that the manager's hours are recorded on the duty rota in accordance with legislative requirements. In addition to this a requirement was made to ensure that the individual appointed to manage the home, is in full time day to day charge of the home. A final requirement was made to ensure that the regulation 29 monitoring visits are completed by an individual who is an employee of the organisation and not directly concerned with the conduct of the home.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSPPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	4	2

Details of the QIP within this report were discussed with Margaret Irwin, deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

A serious concerns meeting was convened on 13 June 2016, at the offices of RQIA, to address concerns about the management arrangements for the home. A satisfactory action plan was provided by the home outlining their arrangements to address this area of concern.

1.2 Actions/enforcement taken following the most recent care inspection

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

2.0 Service details

Registered organisation/registered person: Fold Housing Association	**Registered manager:** Mrs Deirdre Carr (Acting)
Person in charge of the home at the time of inspection: Michelle Wright, senior care assistant until 14.00. Margaret Irwin, deputy manager after 14.00.	**Date manager registered:** Acting – No Application Required
Categories of care: DE – Dementia	**Number of registered places:** 15
Weekly tariffs at time of inspection: £470.00	**Number of residents accommodated at the time of inspection:** 14

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report, the returned quality improvement plan (QIP) and the accident/incident notifications.

During the inspection the inspector met with 14 residents, one relative, two visiting professionals, and one member of the ancillary staff, four care staff and the deputy manager.

The following records were examined during the inspection:

- Three care records
- Duty rota for week beginning 18 April 2016
- Supervision and appraisal records
- Record of an induction programme
- Mandatory training records
- A competency and capability assessment
- Policy on adult safeguarding
- Fire safety records
- Records of residents and staff meetings
- Records of audits
- Record of complaints
- Policies in the home
- Accident and incidents records
- Monthly monitoring reports

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 15 September 2015

The most recent inspection of Gnangara was an unannounced care inspection. The completed QIP was returned and was approved by the care inspector. Due to the nature of this inspection the QIP from the inspection dated 11 June 2015 was not reviewed. The QIP dated 11 June 2015 was carried forward for review at this inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 15 September 2015 and 11 June 2015

Last care inspection statutory requirements from 15 September 2015		Validation of compliance
Requirement 1 **Ref**: Regulation 27 (4) (a) **Stated:** First time	The registered person must ensure that a risk assessment is undertaken for the management of those residents who smoke as identified within the fire safety risk assessment.	**Met**
	Action taken as confirmed during the inspection: An inspection of the care records confirmed that they contained a risk assessment for the management of those residents who smoke.	

Requirement 2 **Ref**: Regulation 14 (1) (a) **Stated:** First time	The registered person must ensure that the policy and procedure in regard to resuscitation is reviewed in line with the Resuscitation Council (UK) guidelines.	**Met**
	Action taken as confirmed during the inspection: The deputy manager confirmed that policy and procedure in regard to resuscitation is reviewed in line with the Resuscitation Council (UK) guidelines was reviewed. An inspection of the care records confirmed that the issues identified in regard to this policy were addressed.	
Care inspection requirements from 11 June 2015		
Requirement 1 **Ref**: Regulation 30 (1) (f) **Stated:** Second time	The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of – (f) any accident in the home; • Reference is made to this in that the registered person shall ensure that RQIA is to be notified of all accidents and incidents and records be improved upon to include a detailed account of the accident, the nature of the injury and any action taken following the accident.	**Met**
	Action taken as confirmed during the inspection: An inspection of the record of accidents and incidents confirmed that they were appropriately detailed and reported.	
Last care inspection recommendations from 15 September 2015		**Validation of compliance**
Recommendation 1 **Ref**: Standard 35.1 **Stated:** First time	The registered person should ensure that refresher training is provided for all staff on the colour coding system for mop buckets and cloths etc.	**Met**
	Action taken as confirmed during the inspection: An inspection of the mandatory training records confirmed that training in COSHH and infection, prevention and control was completed in January and February 2016.	

Care inspection recommendations from 11 June 2015		
Recommendation 1 **Ref**: Standard 6.2 **Stated:** First time	The registered person should develop specific care plans for residents with continence needs.	**Met**
	Action taken as confirmed during the inspection: An inspection of the care records confirmed that they contained a specific care plan for the management of continence needs.	
Recommendation 2 **Ref**: Standard 27.1 **Stated:** First time	The registered person should address the malodour in one identified resident's bedroom.	**Met**
	Action taken as confirmed during the inspection: An inspection of the environment confirmed that there was no odour present in the identified bedroom.	

4.3 Is care safe?

The deputy manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. However, concerns were raised regarding staffing levels during discussion with staff. Staff commented that generally the staffing levels were poor. One staff member advised that on the previous Saturday, the staffing levels consisted of one senior care assistant and one care assistant on duty in the home in the afternoon. A review of the duty rota verified this.

An inspection of care records confirmed that there were residents who require the assistance of two carers with their activities of daily living. If such assistance was required on that day, this would result in result in a lack of appropriate supervision for residents.

In discussion with the deputy manager she advised that this would not be reflective of a normal Saturday as a staff member had phoned in sick. The staff commented that generally staffing levels were poor and they felt stressed. A requirement was made to ensure that appropriate staff are on duty in the home at all times in accordance with the assessed needs of the residents.

On the day of inspection the following staff were on duty – the deputy manager after 14.00, one senior care assistant, three care assistants, three members of the domestic staff, one member of catering staff and the administrator.

Review of a completed induction record and discussion with the deputy manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for staff supervision was maintained and was available for inspection. Email confirmation was provided by the acting manager, following the inspection, to confirm staff appraisals were up to date.

The deputy manager confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. One staff competency and capability assessment was reviewed and found to be satisfactory.

Discussion with the deputy manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that record were retained at the organisation's personnel department. The deputy manager provided a recruitment checklist which is sent from the organisation's personnel department to confirm the appropriate information is in place.

Arrangements were in place to monitor the registration status of staff with their professional body. This information is also retained in the organisation's personnel department.

The adult safeguarding policies and procedures in place included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The deputy manager confirmed that there were no plans in place to identify a safeguarding champion within the home. However it was agreed that this matter would be discussed with the senior management within FOLD. A recommendation was made to review the adult safeguarding policies and procedures to reflect the current regional guidance.

Discussion with staff confirmed that they were aware of the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the deputy manager, review of accident and incidents notifications, review of care records and review of complaints confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The deputy manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the deputy manager identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Care needs assessment and risk assessments for example manual handling, nutrition, falls, were reviewed and updated on a regular basis or as changes occurred.

The registered manager confirmed that areas of restrictive practice were employed within the home, notably locked doors, keypad entry systems and pressure alarm mats. Discussion with the deputy manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. A review of the Statement of Purpose confirmed that restrictive practices were not described. A recommendation was made to review the statement of purpose to ensure it references restrictive practices used in the home.

A general inspection of the home was undertaken to examine a number of residents' bedrooms, en-suite bathrooms, communal lounges and bathrooms.
The residents' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated. Discussion with a domestic assistant confirmed that daily work schedules were in place.

Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to infection, prevention and control (IPC) procedures. Each ensuite bathroom contained individual instructions regarding the management of oral hygiene.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The deputy manager confirmed that the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment dated 14 June 2015, identified that any recommendations arising had been addressed appropriately.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on 4 April 2016 and 5 February 2016 and records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked on a regular basis.

Areas for improvement

A requirement was made to ensure that adequate staff are on duty in the home as are appropriate to meet the health and welfare of residents.

A recommendation was made to review the adult safeguarding policies and procedures to reflect the current regional guidance. A second recommendation was made to review the statement of purpose to ensure it references restrictive practices used in the home.

Number of requirements:	**1**	**Number of recommendations:**	**2**

4.4 Is care effective?

Discussion with the registered manager established that the staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included up to date assessment of needs, life history, risk assessments, care plans and daily statement of health and well-being of the resident. Care records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate.
The care records reflected multi-professional input into the service users' health and social care needs. An individual agreement setting out the terms of residency and the agreement was appropriately signed.

The deputy manager confirmed that records were stored safely and securely in line with data protection.

The deputy manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care records, medication and hygiene in the environment were available for inspection.

The deputy manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included
Pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Discussion with the deputy manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents, one relative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents and/or their representatives. Both the relative spoken with and the visiting professionals in the home commented:

- "There is good communication with the family members, the staff go the extra mile."
- "There is good follow up of instructions given and good reporting arrangements in the home."

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident and/or their representative meetings were available for inspection.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	**0**	**Number of recommendations:**	**0**

4.5 Is care compassionate?

The deputy manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussion with staff and review of care records confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Discussion with residents and a relative confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner.

Residents, one relative and staff spoken with and observation of interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected.
Discussion with staff, residents and their representatives, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. The programme of activities was displayed in each resident's bedroom. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The deputy manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents and their representatives and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. One comment made was:

"Staff are always very prompt to respond, kind to residents with attention to detail noted."

There were systems in place to ensure that the views and opinions of residents, and/or their representatives, were sought and taken into account in all matters affecting them.

Residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0

4.6 Is the service well led?

The deputy manager confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The deputy manager confirmed that policies and procedures were systematically reviewed every three years or more frequently should changes occur.

Residents and their representatives were made aware of the process of how to make a complaint by way of the Residents Guide and posters on display in each resident's bedroom and on the notice boards.

Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised.

A review of accidents/incidents and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the deputy manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. Such additional training included; end of life care, diabetes management and human rights training.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA. It was noted that currently these visits were being completed by the acting manager. A requirement was made to ensure that the registered provider visits are completed by an individual who is an employee of the organisation and not directly involved in the conduct of the home.

There was evidence of managerial staff being provided with additional training in governance and leadership. The deputy manager is currently completing the QCF level five in leadership.

Within the home's organisational structure all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide.

The hours worked by the acting manager and the deputy manager were not recorded on the duty rota. A requirement was made to ensure that the managers' hours are recorded on the duty rota.

During discussion with staff it was reported that the current acting manager visits the home every couple of weeks. An inspection of records, for example, resident care records, a completed induction record, a competency and capability assessment and a supervision record confirmed that these were completed and signed off by the deputy manager. This would indicate that the current acting manager is not in full time day to day charge of the home. A requirement was made to ensure that the individual appointed to manage the home, is in full time day to day charge of the home.

The deputy manager confirmed that the registered provider was kept informed regarding the day to day running of the home through monthly managers meetings and the monthly visits completed to the home.

Staff were aware of their individual responsibility in relation to raising concerns. The deputy manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration and employer's liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered person/s responded to regulatory matters in a timely manner. Review of records and discussion with the deputy manager confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The deputy manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The deputy manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas for improvement

A requirement was made to ensure that the manager's hours are recorded on the duty rota. A second requirement was made to ensure that the registered provider visits are completed by an individual who is an employee of the organisation and not directly involved in the conduct of the home. A final requirement was made to ensure that the individual appointed to manage the home, is in full time day to day charge of the home.

Number of requirements:	**3**	**Number of recommendations:**	**0**

5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Margaret Irwin, deputy manager, 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 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 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 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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
Requirement 1 **Ref**: Regulation 20 (1) (a) **Stated:** First time **To be completed by:** 6 May 2016	The registered person shall ensure that adequate staff are on duty in the home as are appropriate to meet the health and welfare of residents.
	Response by registered person detailing the actions taken: As explained to Inspector during the inspection, the Saturday identified is not reflective of the daily rota in operation at the home. The Saturday was an exceptional situation where an employee phoned in sick, the agency staff cancelled their shift and no additional cover was available from the agency.
Requirement 2 **Ref:** Regulation 29 (2) (c) **Stated:** First time **To be completed by:** 6 May 2016	The registered person shall ensure that the registered provider visits are completed by an individual who is an employee of the organisation and not directly involved in the conduct of the home.
	Response by registered person detailing the actions taken: Actioned
Requirement 3 **Ref:** Regulation 19 (2) Schedule 4 **Stated:** First time **To be completed by:** 6 May 2016	The registered person shall ensure that the hours of the acting and deputy manager are recorded on the duty rota.
	Response by registered person detailing the actions taken: There is an additional Management rota in place with the hours of both the Registered Manager and the Deputy Manager.
Requirement 4 **Ref:** Regulation 8 (1) (b) (iii) **Stated:** First time **To be completed by:** 6 May 2016	The registered person shall ensure that the individual appointed to manage the home, is in full time day to day charge of the home. _____ **Response by registered person detailing the actions taken:** Actioned

Recommendations	
Recommendation 1 **Ref**: Standard 21.5 **Stated:** First time **To be completed by:** 5 August 2016	The registered person should ensure that the policy on adult safeguarding is reviewed to include the current regional guidance, the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.
	Response by registered person detailing the actions taken: It was explained during the inspection that this policy had been reviewed and updated, and currently in draft as advised and was with Board for approval.
Recommendation 2 **Ref**: Standard 20.6 **Stated:** First time **To be completed by:** 5 June 2016	The registered person should review the statement of purpose to ensure it references restrictive practices used in the home.
	Response by registered person detailing the actions taken: Actioned. The SOP identifies restrictive practices and procedures.

Please ensure this document is completed in full and returned to** care.team@rqia.org.uk ***from the authorised email address*

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