



The Regulation and  
Quality Improvement  
Authority

## **Primary Announced Care Inspection**

**Service and Establishment ID:** Gnangara (11143)  
**Date of Inspection:** 08 January 2015  
**Inspector's Name:** Laura O'Hanlon  
**Inspection No:** IN016976

**The Regulation And Quality Improvement Authority**  
Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS  
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## 1.0 General information

<b>Name of Home:</b>	Gnangara
<b>Address:</b>	163 Sligo Road Drumawill Enniskillen BT74 7JZ
<b>Telephone Number:</b>	028 90 394 557
<b>E mail Address:</b>	deirdre.carr@foldgroup.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Fold Housing Association
<b>Registered Manager:</b>	Ms Deirdre Carr acting home manager
<b>Person in Charge of the home at the time of Inspection:</b>	Ms Deidre Carr
<b>Categories of Care:</b>	RC - DE
<b>Number of Registered Places:</b>	15
<b>Number of Residents Accommodated on Days of Inspection:</b>	13 and 1 in hospital
<b>Scale of Charges (per week):</b>	£461.00
<b>Date and type of previous inspection:</b>	14 and 16 May 2014 Announced Care Inspection
<b>Date and time of inspection:</b>	08 January 2015 9.45am – 7pm
<b>Name of Inspector:</b>	Laura O'Hanlon

## 2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year is required.

This is a report of a primary announced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

## 3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

## 4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection included the following:

- Analysis of pre-inspection information
- Discussions with the acting manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff

- Consultation with residents individually and with others in groups
- Discussion with one relative
- Inspection of the premises
- Evaluation of findings and feedback.

## 5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	13
Staff	5
Relatives	1
Visiting Professionals	0

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	11	0

## 6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**  
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**  
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken	In most situations this will result in an area of good practice being identified and comment being made within the inspection report

## 7.0 Profile of service

Gnangara is situated on the outskirts of the town of Enniskillen and is registered with RQIA to accommodate 15 residents within the category of dementia.

The home is a purpose built single storey facility including furnished single bedrooms with en suite, lounges, dining rooms, bathrooms / toilets, and communal lounges with large screen televisions.

Externally the grounds provide a secure area for the residents with paved patio areas and shrub / flower beds. Visitor car parking spaces are available at the front and side of the home.

## 8.0 Summary of Inspection

This primary announced care inspection of Gnangara was undertaken by Laura O'Hanlon on 08 January 2015 between the hours of 9:45am and 7pm. Ms Deirdre Carr, acting manager for approximately six months was available during the inspection and for verbal feedback at the conclusion of the inspection.

The five requirements and nine recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that the five requirements were fully met. The nine recommendations were satisfactorily addressed also. The detail of the actions taken by Deirdre Carr, acting manager can be viewed in the section following this summary.

Prior to the inspection, in April 2014, Mr Kieran Lyons (previous registered manager) completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mr Kieran Lyons in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff and one relative, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

## Inspection findings

### STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR

The inspector reviewed the arrangements in place for responding to resident's behaviour. The home had a policy in place on managing behaviours which challenge and restraint which reflected human rights legislation. A recommendation has been stated to review the policy in relation to challenging behaviour, as it should reference the DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005).

Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is only used as a last resort. Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector

demonstrated that they had knowledge and understanding of individual residents assessed needs.

A review of the staff training confirmed that 28 out of 30 staff have completed training in behaviours which challenge in 2014. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The acting manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. A recommendation has been made to ensure that care plans are signed by the resident or their representative, the staff member drawing it up and the registered manager. The evidence gathered through the inspection process concluded that Gngangara was compliant with this standard.

### **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home had a policy relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents.

Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided daily and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities.

Activities are undertaken by designated care staff. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity. Appropriate records were maintained. The evidence gathered through the inspection process concluded that Gngangara is compliant with this standard.

#### **Resident, representatives and staff consultation**

During the course of the inspection the inspector met with 13 residents, one relative and five staff members.

In discussions with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. The one relative indicated their complete satisfaction with the provision of care, life afforded to their relative and complemented staff in this regard.

Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties. Staff expressed the view that a good quality of care was provided to the residents in the home.

Comments received from residents, relatives and staff are included in section 11.0 of the main body of the report.

## **Care Practices**

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

## **Environment**

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information in relation to resident dependency levels, guardianship, finances, vetting, registered provider visits and fire safety. Further details can be found in section 11.0 of the main body of the report.

Three requirements and five recommendations were made as a result of the primary announced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, relatives, acting manager and staff for their assistance and co-operation throughout the inspection process.



### 9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 18 February 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	20 (3)	<p>The registered manager shall carry out a competency and capability assessment with any person who is given the responsibility of being in charge of the home for any period of time in his absence.</p> <p>Ref: Section 9.4</p>	<p>Discussions with the acting manager confirmed that competency and capability assessments have been carried out with any person who is left in charge of the home. The inspector evidenced a detailed competency and capability assessment which has been completed for all senior care assistants.</p>	Compliant
2	13 (1) (b)	<p>The registered person shall ensure that the residential care home is conducted so to make proper provision for the care and where appropriate, treatment and supervision of residents.</p> <p>Ref: Section 9.5 and 9.11</p>	<p>The acting manager confirmed that referrals to professionals are completed in a timely manner. The inspector viewed the policy in relation to appointments which details that staff have to attend appointments with residents. The inspector confirmed that there was adequate staff on the day of the inspection.</p>	Compliant
3	27 (2)(d)	<p>The registered person shall, having regard to the number and needs of the residents, ensure that all parts of the home are kept clean and reasonably decorated.</p> <p>The following maintenance issue must be addressed:</p> <p>Eradicate and permanently eliminate the odour in the identified bedroom, corridor and sitting room.</p> <p>Ref: Section 9.1</p>	<p>The identified bedroom and social room flooring have been replaced. The flooring on the corridor is cleaned on a monthly basis and there were no odours on the day of the inspection.</p>	Compliant

4	24 (3)	<p>The registered person shall ensure that any complaint made under the complaints procedure is fully investigated. The investigation must be undertaken within 28 days after the date on which the complaint was made, or a shorter period as may be reasonable in the circumstances. The registered person must also inform the person who made the complaint of the investigative process and the outcome and action (if any) that is to be taken.</p> <p>Ref: Section 9.7</p>	<p>The home manager confirmed that she was knowledgeable on the process to be followed and would ensure that all complaints would be managed accordingly.</p>	Compliant
5	29 (2)(3)	<p>Where the registered provider is an organisation or partnership, the home shall be visited in accordance with this regulation by –</p> <p>(a) the responsible individual or one of the partners, as the case may be;</p> <p>(b) another of the directors or other persons responsible for the management of the organisation or partnership; or</p> <p>(c) an employee of the organisation or the partnership who is not directly concerned with the conduct of the home.</p>	<p>The inspector viewed the registered provider visits which have been unannounced and undertaken monthly. Written reports were available in the home on the day of inspection.</p>	Compliant

		Visits shall take place at least once a month or as agreed with the Regulation and Improvement Authority and shall be unannounced.  Ref: Section 9.6		
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No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	9.3	<p>The registered manager should ensure that guidelines that address the action to be taken in accordance with the outcome of the nutritional risk assessment screening tool that is used in the home be available to staff. Care plans should be drawn up in accordance with the directions outlined in these guidelines following the completion of the nutritional risk assessment tool.</p> <p>Ref: Section 9.5</p>	<p>The returned quality improvement plan and discussions with the acting manager confirmed this recommendation has been addressed. Nutritional scale assessments were evidenced in residents care records. Care records were updated to reflect the outcome outlined by professionals guidelines.</p>	Compliant
2	16.1	<p>It is recommended that the safeguarding of vulnerable adults' policy be reviewed to include the immediate reporting of any suspected, alleged or actual allegation to the relevant Trust including out of hours contact details.</p> <p>Ref: Section 9.8</p>	<p>Discussions with the acting manager conformed that the safeguarding of vulnerable adults' policy has been updated on 23 September 2014. This policy was viewed by the inspector and included the immediate reporting of any suspected, alleged or actual allegation to the relevant Trust including out of hours contact details.</p>	Compliant
3	8.2	<p>It is recommended that the resident's care manager and the resident's representative be informed of any accidents / incidents involving the resident, where appropriate.</p> <p>Ref: Section 9.9</p>	<p>The inspector reviewed the accident / incident reports and confirmed that the resident's care manager and the resident's representative have been informed of any incidents.</p>	Compliant

4	21.1	<p>It is recommended that the resident / tenant attendance at external appointments policy be reviewed to provide additional details in regard to the care staff roles and responsibilities in facilitating external appointments and transport arrangements.</p> <p>Ref: Section 9.8</p>	<p>The external appointments policy was reviewed in September 2014 and includes staff roles and responsibilities in facilitating external appointments and transport arrangements.</p>	Compliant
5	23.6	<p>It is recommended that a record is kept in the home of all training. The record should include:</p> <ul style="list-style-type: none"> <li>• The names and signatures of those attending the training event</li> <li>• The date(s) of the training</li> <li>• The name and qualification of the trainer or training agency</li> <li>• The content of the training programme.</li> </ul> <p>Ref: Section 9.10</p>	<p>The inspector confirmed that the training record kept in the home includes:</p> <ul style="list-style-type: none"> <li>• The names and signatures of those attending the training event</li> <li>• The date(s) of the training</li> <li>• The name and qualification of the trainer or training agency</li> <li>• The content of the training programme.</li> </ul>	Compliant
6	8.2	<p>It is recommended that the recording of accident records be improved upon to include a detailed account of the accident, the nature of the injury and any action taken following the accident.</p> <p>Ref: Section 9.9</p>	<p>The accident records were reviewed by the inspector and include a detailed account of the accident, the nature of the injury and any action taken following the accident.</p>	Compliant
7	8.2	<p>It is recommended that in the event of a resident accident an accident form must be completed.</p>	<p>Discussion with acting manager confirmed that accident forms are completed. The inspector reviewed the accident forms which have been</p>	Compliant

		Ref: Section 9.9	satisfactorily completed.	
8	5.2	It is recommended a validated nutritional screening tool be completed on the resident's admission to the home and reviewed on a monthly basis or more frequently as appropriate in line with the nutritional guidelines and menu checklist for residential and nursing homes.  Ref: Section 9.5	The inspector examined four care files and confirmed that a nutritional screening tool is completed on the resident's admission to the home. The acting manager confirmed that this would be reviewed on a monthly basis or more frequently depending upon the needs of the resident.	Compliant
9	35.7	It is recommended that hand towels be wall mounted in residents' bedrooms.	The inspector viewed the environment and confirmed that hand towels are wall mounted in residents' bedrooms.	Compliant

**10.0 Inspection Findings**

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.1 Staff have knowledge and understanding of each individual resident’s usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
<b>Provider’s Self-Assessment</b>	
The staff can access the senior care reports, their own care reports and care plans on the Epicare touch screen There is a communication book on each residents's corridor and staff handovers morning and night.	Compliant
<b>Inspection Findings:</b>	
<p>The home had a policy in place on behaviour that challenges staff dated March 2014, a policy on restrictive practices and the use of restraint dated August 2014. A review of these policies identified that they reflected Human Rights legislation but did not reference the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005). A recommendation has been made in this regard.</p> <p>The policy and procedure included the need for HSC Trust involvement in managing behaviours which challenge. It detailed that RQIA must be notified on each occasion restraint is used.</p> <p>Observation of staff interactions, with residents, identified that informed values and implementation of least restrictive strategies were demonstrated.</p> <p>A review of staff training records identified that training in behaviours which challenge has been completed by 28 out of 30 staff on a range of dates in 2014.</p> <p>A review of four residents’ care records identified that individual resident’s usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.</p>	Substantially compliant

<p>Staff who met with the inspector demonstrated knowledge and understanding of resident’s usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p>	
<p><b>Criterion Assessed:</b> 10.2 When a resident’s behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident’s representative.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p>	
<p>Staff would complete ABC charts and seniors complete accident and incident reports and equally staff would liaise with interested third parties such as the CPN, Behaviour Nurse and the Psychogeriatrician. This is also identified in the residents careplans and risk assessments such as doll therapy. Family communications are also recorded through the senior diary, and staff record behaviours presenting in the daily Epicare notes where it individually identifies challenging behaviour.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>The homes policy on behaviour that challenges staff and restrictive practices reflected the following:</p> <ul style="list-style-type: none"> <li>• Identifying uncharacteristic behaviour which causes concern</li> <li>• Recording of this behaviour in residents care records</li> <li>• Action to be taken to identify the possible cause(s) and further action to be taken as necessary</li> <li>• Reporting to senior staff, the HSC Trust, relatives and RQIA</li> <li>• Agreed and recorded response(s) to be made by staff.</li> </ul> <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.</p> <p>Four care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour.</p> <p>A review of the records and discussions with one relative confirmed that they had been informed appropriately.</p>	Compliant



<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b>	
<b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<p><b>Criterion Assessed:</b> 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Next of kin read and sign that they have read and agreed to the care plans in situ. Families are invited to reviews and input is noted. Equally they are informed of any changes in residents care as are staff as and when required.	Compliant
<b>Inspection Findings:</b>	
<p>A review of four care plans identified that when a resident needed a consistent approach or response from staff, this was detailed.</p> <p>A recommendation has been made to ensure that all care plans are signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p>	Substantially compliant
<p><b>Criterion Assessed:</b> 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Gnangara staff have worked with the Behaviour specialist team and have taken direction and equally staff have ongoing training in the management of challenging behaviour. As evidenced in residents personal files and staff training files. This is reviewed on a regular basis or more frequently if required.	Compliant
<b>Inspection Findings:</b>	
The acting manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.	Not applicable

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b>	
<b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b> 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Ongoing staff training in POVA, challenging behaviour and behaviour management. Support also received from the Behaviour management team when required i.e. visits from the CPN behaviour nurse. Staff do report changes in behaviour to the seniors and these are equally discussed at staff meetings and one to one supervisions.	Compliant
<b>Inspection Findings:</b>	
The acting manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.  A review of staff training records identified that training in behaviours which challenge has been completed by 28 out of 30 staff on a range of dates in 2014.  Staff confirmed during discussions that they felt supported and this support ranged from the training provided, individual discussions with line manager and supervision. Discussions with staff indicated that they were knowledgeable in regard to the management of behaviours which are challenging.	Compliant
<b>Criterion Assessed:</b> 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Accident and incident reports forwarded on as and when they happen to the appropriate statutory bodies and families are contacted. This is equally evident in the review process relevant to POVA issues. Following an	Compliant

incident care records are updated accordingly.	
<b>Inspection Findings:</b>	
<p>A review of the accident and incident records from July 2014, discussions with staff and one relative identified that residents’ representatives, HSC Trust personnel had been appropriately notified. Whilst it is acknowledged that many notifications were received by RQIA, a requirement is made to 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.</p> <p>A review of four care plans identified that they had been updated and reviewed and included involvement of the HSC Trust personnel and relevant others.</p> <p>Visitors and staff who spoke with the inspector confirmed that when any incident was managed outside the scope of a resident’s care plan, this was recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services.</p>	Compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.	
<b>Provider’s Self-Assessment</b>	
Fold have a policy on restraint and we have had no cause to implement this as we have had no incidents of restraint. We at Fold strive to use non restrictive interventions to manage behaviours that challenge.	Not applicable
<b>Inspection Findings:</b>	
<p>Discussions with staff and visitors, a review of staff training records and an examination of care records confirmed that restraint was only used as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies had proved unsuccessful.</p> <p>The only restrictive strategy deployed within the home is the use of bed sensors. A recommendation has been made to ensure that all restrictive strategies are reviewed and agreed by the resident or their representative and the HSC Trust.</p> <p>A review of the accident and incident records from July 2014, discussions with staff members and one relative identified that residents’ representatives, HSC Trust personnel had been appropriately informed. The</p>	Compliant

<p>circumstances and nature of the restraint were recorded on the resident’s care plan.</p> <p>Residents confirmed during discussions that they were aware of decisions that affected their care and they had given their consent to the limitations. Residents whose bedrooms were locked had their own key.</p> <p>A recommendation has been made to review the home’s Statement of Purpose to refer to the specific restrictive practices used within the home and to restricted access areas within the home.</p>	
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<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
	<p>Compliant</p>

<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b></p>
	<p>Compliant</p>

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b> <b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
The interest as are identified initially in the third party pre assessment material, the managers pre assessment and equally the post admission careplans and life story evidenced in each individual personal folder. This is also captured in their activity assessment and social activity care plan.	Compliant
<b>Inspection Findings:</b>	
The home had a policy dated June 2014 on the provision of activities. A review of four care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.  Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents.  The Statement of Purpose provided information pertaining to activity provision within the home.	Compliant
<b>Criterion Assessed:</b> 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents’ spiritual needs. It promotes healthy living, is flexible and responsive to residents’ changing needs and facilitates social inclusion in community events.	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
The monthly activity planner and individual activity records of who took part in what are on file to evidence this. Quarterly newsletter, resident and relative meetings, Annual Quality Report all evidence this.	Compliant

<b>Inspection Findings:</b>	
<p>Examination of the programme of activities identified that social activities are organised on a daily basis.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis. Care staff also confirmed that the duration of activity depends upon the needs and abilities of residents on that day.</p>	Compliant
<b>Criterion Assessed:</b>	
13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Resident/family meetings, record of activities in the Activity folder. Epicare notes all evidence this.	Compliant
<b>Inspection Findings:</b>	
<p>A review of the record of activities provided and discussions with residents identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities.</p> <p>Residents and their representatives were also invited to express their views on activities by means of satisfaction questionnaires issued annually by the home, resident/relatives meetings and individual discussions with staff. This was evidenced on the main notice board with 'You said we did' in relation to suggestions for activity provision.</p>	Compliant
<b>Criterion Assessed:</b>	
13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
There is a dedicated noticeboard outside the social room to evidence this and also a monthly pictorial activity programme in the front of the Activity file and also displayed in individual residents bedrooms.	Compliant

<b>Inspection Findings:</b>	
<p>On the day of the inspection the programme of activities was on display in each residents bedroom and outside the social room. This location was considered appropriate as the area was easily accessible to residents and their representatives.</p> <p>Discussions with residents and one relative confirmed that they were aware of what activities were planned.</p> <p>The programme of activities was presented in an appropriate format to meet the residents' needs.</p>	Compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	
<b>Provider's Self-Assessment</b>	
There is an activity team in situ who coordinate the activity monthly on a six monthly basis, also third party input such as the local council etc on a two weekly basis. Comfort money available for any purchases required relevant to activities. We have an activity cupboard in the social room where all activity equipment is stored.	Compliant
<b>Inspection Findings:</b>	
<p>Activities are provided for 1-2 hours daily by designated care staff.</p> <p>Care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included arts and crafts, games and puzzles and reminiscence materials.</p> <p>The acting manager confirmed that activity provision is financed through the comfort fund within the home.</p>	Compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	
<b>Provider's Self-Assessment</b>	
Activity file in situ that illustrates participation and equally shows the level of interest and feedback. Within their own individual care records it is detailed in their assessments of activities and their social interaction careplan.	Compliant

<b>Inspection Findings:</b>	
The acting manager, care staff and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.  Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.	Compliant
<b>Criterion Assessed:</b> 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Qualifications in situ for parties that are contracted into providing activities at Gngara. The activity file shows participation level of attendance and enjoyment .	Compliant
<b>Inspection Findings:</b>	
The acting manager confirmed that there were no outside agencies contracted to provide activities in the home. Therefore, this criterion was not applicable on this occasion.  There are monthly groups which visit the home on a voluntary basis either for musical or religious activities. During these activities a member of staff supervises the activity.	Compliant
<b>Criterion Assessed:</b> 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Evidence in activity file for reasons for known participation.	Compliant
<b>Inspection Findings:</b>	
The acting manager confirmed that visiting entertainers or church groups who visit the home would be advised of	Compliant



any change in residents' needs which would affect their participation in the planned activity and would be supervised by care staff at all times.	
<b>Criterion Assessed:</b> 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
As above all evidenced in the activity folder. Daily allocation sheet indicates who is assigned activity lead for that day.	Compliant
<b>Inspection Findings:</b>	
A review of the record of activities identified that records had been maintained on a daily basis, of the nature and duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.  A recommendation has been made to ensure that appropriate consents are in place in regard to photography and other forms of media.	Compliant
<b>Criterion Assessed:</b> 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
The activities are reviewed regularly. Activity file would show this and staff are rotated on a six monthly basis. Residents/Relatives meetings, Quality assurance audits and staff meetings, also provide evidence.	Compliant
<b>Inspection Findings:</b>	
A review of the programme of activities identified that it had last been reviewed on 8 October 2014. The records also identified that the programme had been reviewed at least twice yearly.  The acting manager and care staff confirmed that planned activities were also changed at any time at the request of residents.	Compliant

Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.	
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<b>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

## 11.0 Additional Areas Examined

### 11.1 Resident's consultation

The inspector met with 11 residents either individually or as part of a group. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities all residents indicated that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Good attention to personal detail was observed. No concerns were expressed or indicated.

Comments received included:

- "Couldn't have a better place than this."
- "Well looked after and the food is good."
- "Very happy in here."

### 11.2 Relatives/representative consultation

One relative who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. The relative advised that there is good communication between staff and relatives. No concerns were expressed or indicated.

Comments received included:

- "Always staff around, this place is lovely and clean, staff phone regularly to advise of any problems."

### 11.3 Staff consultation

The inspector spoke with five staff of different grades. Discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

During a discussion with one staff member a personal issue was highlighted. The inspector informed the acting manager during the feedback.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

Comments received included:

- "The quality of care is good, residents are offered good choices of activities."
- "I am well supported by my manager and I have good support from senior management."
- "Staff are flexible and willing to try new things."
- "I feel I am listened to."

#### **11.4 Visiting professionals' consultation**

No professionals visited the home during the inspection.

#### **11.5 Observation of Care practices**

The atmosphere in the home was warm, friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

#### **11.6 Care Reviews**

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

#### **11.7 Complaints**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

No complaints have been received since the last inspection.

#### **11.8 Environment**

The inspector viewed the home accompanied by a senior care worker and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a good standard.

#### **11.9 Guardianship Information/Resident Dependency**

Returned information was reviewed and no issues were identified. Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

### **11.10 Fire Safety**

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector confirmed that the home's most recent fire safety risk assessment was dated 2 May 2014. The acting manager confirmed that any recommendations raised have been appropriately actioned.

A review of the fire safety records evidenced that fire training, had been provided once to 19 out of 30 staff in 2014. A requirement has been made to ensure that all staff employed in the home receive fire safety training from a competent person at least twice every year.

The acting manager confirmed that different fire alarms are tested weekly however no written records were available on the day of inspection. A requirement has been made to address these issues. This matter is referred to the estates inspector for the home for further review

There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed. An evacuation had been undertaken on 10 October 2014.

### **11.11 Vetting of Staff**

Prior to the inspection a vetting disclaimer pro forma was completed by Mr Kieran Lyons (previous registered manager). Mr Kieran Lyons confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

### **11.12 Visits by registered provider**

A review of the visits by the registered provider confirmed that these had been unannounced and completed on a monthly basis. These reports were available on the day of inspection.

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Ms Deidre Carr acting manager as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

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**Laura O'Hanlon**  
**The Regulation and Quality Improvement Authority**  
**Hilltop**  
**Tyrone & Fermanagh Hospital**  
**Omagh**  
**BT79 0NS**



## Quality Improvement Plan

### Primary Announced Care Inspection

Gnangara

08 January 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Deirdre Carr, acting manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

<b>Statutory Requirements</b>					
<b>This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005</b>					
<b>No.</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1	30 (1) (f)  Ref: Section 10.6	The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of – (f) any accident in the home;  <ul style="list-style-type: none"> <li>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.</li> </ul>	One	The Manager and Senior team of Gngangara have been reminded that all accidents must be communicated to RQIA.	From time of this inspection
2	27 (4) (f)  Ref: Section 11.10 (Additional Areas Examined)	The registered person must ensure that a written record is maintained of weekly fire safety checks undertaken.	One	Fire Safety checks are being recorded on a weekly basis.	From date of inspection and on going
3	27 (4) (e)  Ref: Section 11.10 (Additional Areas Examined)	The registered person must make arrangements for the persons working at the home to receive training from a competent person in fire prevention.	One	All staff have attended fire awareness training, and are aware of the need to attend refresher training every 6 months.	27 February 2015



**Recommendations**

**These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.**

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	21.1	<p>It is recommended that the registered person should review the policy in relation to the management of behaviours which challenge staff to ensure that it includes the following;</p> <ul style="list-style-type: none"> <li>• DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005).</li> </ul> <p>Ref: Section 10, Criterion 10.1</p>	One	The policy is being updated to reflect the recommendation made.	27 February 2015
2	6.3	<p>It is recommended that the registered person ensures care plans are signed by the resident or their representative, the staff member drawing it up and the registered manager. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Ref: Section 10, Criterion 10.3</p>	One	A form has been created alongside the electronic recording of care plans for all relevant persons to sign on reviews of care plans.	27 February 2015
3	10.7	<p>It is recommended that the registered person should ensure that all restrictive strategies are reviewed and agreed by the resident or their representative and the HSC Trust.</p> <p>Ref: Section 10, Criterion 10.7</p>	One	All restrictive strategies are identified in a residents care plan and agreed with the residents and / or their representative.	27 February 2015

4	10.7	<p>It is recommended that the registered person should review the Statement of Purpose to ensure that it refers to the therapeutic techniques used within the home including restricted access areas.</p> <p>Ref: Section 10, Criterion 10.7</p>	One	The Statement of Purpose is being reviewed to reflect recommendation made.	27 February 2015
5	7.4	<p>It is recommended that the registered person ensures that appropriate consents are in place with regard to photography and other forms of media.</p> <p>Ref: Section 10, Criterion 13.9</p>	One	Appropriate consents have been drafted and are being discussed with families and representatives of Residents.	27 February 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and email to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk)

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Deirdre Carr
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Hilary Irwin

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	Laura O'Hanlon	9 March 2015
Further information requested from provider			