

Unannounced Care Inspection Report 11 May 2017



Gnangara

Type of service: Residential Care Home
Address: 163 Sligo Road, Drumawill, Enniskillen, BT74 7JZ
Tel no: 028 6632 5134
Inspector: Laura O'Hanlon

1.0 Summary

An unannounced inspection of Gnangara took place on 11 May 2017 from 10.05 to 15.45.

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

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff training, supervision, adult safeguarding, infection prevention and control, risk management and the home's environment.

A requirement was made in regard to competency and capability assessments.

Is care effective?

There were examples of good practice found throughout the inspection in relation to care records, reviews, communication between residents, staff and other key stakeholders.

No requirements or recommendations were made in relation to this domain.

Is care compassionate?

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 taking account of the views of residents.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and maintaining good working relationships.

One requirement was made in regard the notification of accidents and incidents.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	2	0

Details of the Quality Improvement Plan (QIP) within this report were discussed with Jacinta Carney, senior care assistant, 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 13 October 2016.

2.0 Service details

Registered organisation/registered person: Fold Housing Association	Registered manager: Deirdre Carr
Person in charge of the home at the time of inspection: Jacinta Carney	Date manager registered: Acting
Categories of care: DE – Dementia	Number of registered places: 15

3.0 Methods/processes

Prior to inspection the following records were analysed: the previous inspection report and QIP and notifications of accidents/incidents.

During the inspection the inspector met with 12 residents, one member of the domestic staff and three members of the care staff.

The following records were examined during the inspection:

- Staff duty rota
- Three records of induction programme for new staff
- Staff supervision schedules
- One staff competency and capability assessments
- Staff training schedule
- Three resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Equipment maintenance / cleaning records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- Monthly monitoring report

- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Programme of activities

A total of 18 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. No questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 12 January 2017

The most recent inspection of the home was an announced premises inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next premises inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 13 October 2017

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 19 (2) Stated: First time To be completed by: 14 October 2016	The registered provider must ensure that the duty rota accurately reflects the staff on duty in the home.	Met
	Action taken as confirmed during the inspection: The duty rota was reviewed and on the day of the inspection it accurately reflected the staff on duty in the home.	
Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 21.5 Stated: First time To be completed by: 13 January 2016	The registered provider should ensure the policy on infection prevention and control (IPC) is reviewed no less than three yearly.	Met
	Action taken as confirmed during the inspection: The policy on infection prevention and control was reviewed on 20 September 2016.	

<p>Recommendation 2</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 13 November 2016</p>	<p>The registered provider should address the following environmental issues:</p> <ul style="list-style-type: none"> • Address the rust present on the handrails in two identified ensuite • Address the small areas where the paint was chipped off the walls in two identified ensuite. <p>Action taken as confirmed during the inspection: An inspection of the environment confirmed that identified issues were addressed.</p>	Met
<p>Recommendation 3</p> <p>Ref: Standard 10.1</p> <p>Stated: First time</p> <p>To be completed by: 14 October 2016</p>	<p>The registered person should ensure that the date memoir boards are updated on a daily basis.</p> <p>Action taken as confirmed during the inspection: An inspection of the environment confirmed that the date memoir boards were up to date.</p>	Met

4.3 Is care safe?

The senior care assistant 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. No concerns were raised regarding staffing levels during discussion with residents and staff.

A review of the duty roster confirmed that it accurately reflected the staff working within the home. On the day of the inspection the duty rota did not record the hours worked by the manager. This was discussed with the senior care assistant during feedback. An RQIA inspection was undertaken to the domiciliary service on 15 May 2017 and the inspector confirmed that this issue was addressed. In addition email confirmation was provided by the manager to verify this action taken.

A review of three induction records and discussion with the staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. However the induction records were found to be incomplete. Subsequent email confirmation was provided by the manager to verify these records were fully completed.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training and staff supervision was maintained and was reviewed during the inspection.

The staff 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. Following a review of these assessments these were for the administration of medication. A requirement was made to ensure that competency and capability assessments are completed for all staff who are in charge in the absence of the manager.

Discussion with the senior care assistant 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 records were retained at the organisation's personnel department.

A recruitment checklist was in place to confirm that Enhanced AccessNI disclosures were viewed by the manager for all staff prior to the commencement of employment.

The adult safeguarding policy and procedure was not reviewed at this inspection. A safeguarding champion has been established in the home. Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and 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 senior care assistant, review of accident and incidents notifications, care records and complaints records 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 senior care assistant confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the senior care assistant identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The senior care assistant confirmed there were restrictive practices employed within the home, notably keypad entry systems and the use of pressure alarm mats. Discussion with the senior care assistant 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 identified that restrictions were adequately described.

The senior care assistant confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of equipment and cleaning records reviewed during the inspection verified this.

Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the 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 IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The senior care assistant reported that any outbreaks of infection within the last year had been managed in accordance with the home's policy and procedures. The outbreak had been reported to the Public Health Agency, trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was clean and appropriately heated. A malodour was identified in one bedroom. Subsequent email confirmation was provided by the manager to confirm this bedroom had been deep cleaned. In addition the main bathrooms were found to contain a number of items of storage. The manager verified following this inspection that this matter was also addressed.

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. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had a review of the fire risk assessment scheduled for 26 May 2017. Review of staff training records confirmed that staff completed fire safety training twice annually. A fire drill was completed on 29 April 2017. 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 weekly and monthly and were regularly maintained.

Areas for improvement

A requirement was made in regard to competency and capability assessments.

Number of requirements	1	Number of recommendations	0
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4.4 Is care effective?

Discussion with the senior care assistant established that 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 an up to date assessment of needs, life history, risk assessments, care plans and a daily statement of health and well-being of the resident. Two of the care needs assessments and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

One of the care records reviewed had not been updated following changes after the resident was discharged from hospital. This was discussed during feedback and subsequent email confirmation was provided by the manager to verify this record was updated to reflect the changes.

The care records also reflected the multi-professional input into the residents' health and social care needs. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Records were stored safely and securely in line with data protection.

The senior care assistant confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These

included pre-admission information, multi-professional team reviews, residents’ meetings, staff meetings and staff shift handovers. The senior care assistant and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents. Minutes of resident meetings were reviewed during the inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.5 Is care compassionate?

The senior care assistant confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

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

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment.

The staff and the residents confirmed that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity.

The senior care assistant and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

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. Such systems included daily discussions with staff, residents’ meetings, suggestion box, annual reviews and the monthly monitoring reports.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. On the day of the inspection musical activities were undertaken in the home. The activities

programme was displayed on the main notice board and in each resident’s bedroom. A written record was maintained of all the activities undertaken.

Arrangements were in place for residents to maintain links with their friends, families and wider community. Staff confirmed that relatives were welcome to visit the home at any time.

Some comments made by residents during the inspection were:

- “It’s good so far”
- “I think it’s very good, you want for nothing. The food is very good”
- “It’s a good place”

Some comments made by staff during the inspection were:

- “I think it’s very fulfilling working here. We have a great manager; there is great support among the team. There is good teamwork and everyone works well together. Margaret is very approachable; she has done us proud and is fantastic”
- “Margaret is great; she is always at the end of the phone if she isn’t here. You could go to her about anything. We have a great bunch of residents here who really engage in activities”

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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4.6 Is the service well led?

The senior care assistant outlined the management arrangements and governance systems in place within the home. The 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 with RQIA.

Residents and/or their representatives were made aware of how to make a complaint by way of the complaints procedure was displayed on the notice board.

A review of the complaints records identified that there were arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. However the record of complaints contained information for both the residential care home and the domiciliary service. This was discussed with the senior care assistant during feedback. An RQIA inspection was undertaken to the domiciliary service on 15 May 2017 and the inspector confirmed that this issue was addressed. In addition email confirmation was provided by the manager to verify this action taken.

A review of accidents/incidents/notifiable events was undertaken. There were two incidents identified where the appropriate medical advice or guidance was not sought. In addition there were three further incidents where the medical advice or attention was sought but RQIA were not informed. A requirement was made to address this matter.

The senior care assistant confirmed that they were aware of the “Falls Prevention Toolkit” and were using this guidance to improve post falls management within the home.

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 to read.

There was an organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide. The senior care assistant confirmed that the registered provider was kept informed regarding the day to day running of the home through the monthly monitoring reports.

The senior care assistant confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider responds to regulatory matters in a timely manner.

Review of records and discussion with the staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The senior care assistant confirmed that there were effective working relationships with internal and external stakeholders.

The senior care assistant confirmed that staff could also access line management to raise concerns they will offer support to staff. Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

Areas for improvement

One requirement was made in regard to the notification of accidents and incidents.

Number of requirements	1	Number of recommendations	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Jacinta Carney, senior care assistant, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider 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 DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment 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 provider 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 provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.



A completed Quality Improvement Plan from the inspection of this service has not yet been returned.

If you have any further enquiries regarding this report please contact RQIA through the e-mail address info@rqia.org.uk

Quality Improvement Plan

Statutory requirements

Requirement 1 Ref: Regulation 20 (3) Stated: First time To be completed by: 11 June 2017	The registered provider must ensure that competency and capability assessments are 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.
	Response by registered provider detailing the actions taken:
Requirement 2 Ref: Regulation 30 (1) (d) Stated: First time To be completed by: 12 May 2017	The registered provider must that accidents and incidents are managed and reported in accordance with the legislative requirements and good practice guidance.
	Response by registered provider detailing the actions taken:

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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