



The Regulation and
Quality Improvement
Authority

Gnangara
RQIA ID: 11143
163 Sligo Road
Drumawill
Enniskillen

Inspector: Laura O'Hanlon
Inspection ID: IN022204

Tel: 02890394557
Email: margaret.irwin@foldgroup.co.uk

**Unannounced Care Inspection
of
Gnangara**

11 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 11 June 2015 from 10.30 to 17.00. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement Taken Following the Last Inspection

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

1.2 Actions/Enforcement Resulting from this Inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	1	2

The details of the QIP within this report were discussed with Margaret Irwin, acting manager. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Fold Housing Association	Registered Manager: Margaret Irwin
Person in Charge of the Home at the Time of Inspection: Margaret Irwin	Date Manager Registered: Registration pending
Categories of Care: RC-DE	Number of Registered Places: 15
Number of Residents Accommodated on Day of Inspection: 15	Weekly Tariff at Time of Inspection: £470.00

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.
Theme: Residents receive individual continence management and support.

4. Methods/Process

Prior to inspection we analysed the following records: returned QIP from the last inspection and notifications of incidents and accidents.

We met with 15 residents, one relative, two visiting professionals, four care staff and the acting manager.

We inspected the following records: four care records, accident / incident reports, fire safety records, complaints/compliments, registered provider visits and policies and procedures available relating to continence management and death and dying.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced pharmacy follow up inspection dated 9 March 2015. The completed QIP was returned and was approved by the pharmacy inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 30 (1) (f)	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"> • 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. 	Not Met
	Action taken as confirmed during the inspection: A review of care records confirmed that accidents are not consistently reported to RQIA. This requirement will be stated for the second time.	
Requirement 2 Ref: Regulation 27 (4) (f)	The registered person must ensure that a written record is maintained of weekly fire safety checks undertaken.	Met
	Action taken as confirmed during the inspection: A written record of the weekly fire safety checks have been maintained in the home.	
Requirement 3 Ref: Regulation 27 (4) (e)	The registered person must make arrangements for the persons working at the home to receive training from a competent person in fire prevention.	Met
	Action taken as confirmed during the inspection: Fire safety training has been undertaken and is currently up to date for staff.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 21.1	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; <ul style="list-style-type: none"> DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005). 	Met
	Action taken as confirmed during the inspection: The policy in relation to the management of behaviours which challenge staff references the DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005).	
Recommendation 2 Ref: Standard 6.3	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.	Met
	Action taken as confirmed during the inspection: A review of care records confirmed that care plans were appropriately signed.	
Recommendation 3 Ref: Standard 10.7	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.	Met
	Action taken as confirmed during the inspection: A review of care records confirmed that restrictive strategies have been reviewed and agreed by the resident or their representative and the HSC Trust.	
Recommendation 4 Ref: Standard 10.7	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.	Met
	Action taken as confirmed during the inspection: The Statement of Purpose now references the therapeutic techniques used within the home including restricted access areas	

Recommendation 5 Ref: Standard 7.4	It is recommended that the registered person ensures that appropriate consents are in place with regard to photography and other forms of media.	Met
Action taken as confirmed during the inspection: Appropriate consents have been issued to families for their signature.		

5.3 Standard 14: The Death of a Resident is Respectfully Handled as They Would Wish

Is Care Safe? (Quality of Life)

Residents can spend their final days in the home unless there are documented health care needs to prevent this.

The general experience within the home had been that residents have been transferred to hospital or nursing care due to complex health care needs. This was undertaken with the consent of the resident and their next of kin or representative.

The home has a spiritual ethos. Clergy and lay ministers visit the home throughout the week on an organised basis.

In our discussions with the acting manager and staff we confirmed that arrangements can be put in place so that spiritual care can be made available for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying would be enabled to do so if the resident wishes.

We inspected a sample of compliment letters and cards. Some of these were received from families of deceased residents. In these correspondences there were nice messages of praise and gratitude for the compassion and kindness received during the care of their relative.

We noted that within the home's policy, when a death of a resident occurs, the resident's next of kin or family deal with the deceased resident's belongings. This is attended to, at a sensitive and convenient time after the burial.

Is Care Effective? (Quality of Management)

We noted that the home had a written policy in place on death and dying.

We noted that care plans were in place for each resident on death and dying. This care plan noted the wishes of the resident following their death. Spiritual and cultural wishes were recorded within this record. The document was signed by the resident and/or their representative. This practice is to be commended.

In our discussions with the acting manager and staff they confirmed to us that the district nursing service attached to the home would lead in the management of palliative care. We noted within care records of ill residents, regular liaison with the multi-disciplinary team.

The acting manager has sourced specific training in this area of care.

Is Care Compassionate? (Quality of Care)

In our discussions with staff and the acting manager they shared their recent experience of a death of a resident. Staff confirmed that the residents were informed as a group and in a sensitive manner. The residents were supported by staff to attend the funeral if they wished.

In our discussions with staff they demonstrated to us that they had knowledge and understanding in this area of care. Staff also confirmed to us that there was a supportive ethos within the management of the home, in helping residents and staff deal with dying and death.

Areas for Improvement

There were no areas of improvement identified with the standard inspected. Overall, this standard is assessed to be safe, effective and compassionate.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme: Residents Receive Individual Continence Management and Support

Is Care Safe? (Quality of Life)

We reviewed four care records. We found that a needs assessment was completed and that care plans were in place. These were reviewed to reflect the changing needs of the resident. A recommendation has been made to develop specific care plans for residents with continence needs.

We spoke with staff members. They were able to describe the system of referral to community District Nursing services for specialist continence assessment.

In our discussions with staff, we found that they were able to demonstrate knowledge in the area of continence care.

From our discreet observations, discussion with staff and review of care records we identified no mismanagement in this area of care such as breakdown of skin integrity.

We found adequate provision of continence products, laundered bed linen and towels. Gloves, aprons and hand washing dispensers were also available.

Is Care Effective? (Quality of Management)

The home had a policy in place on continence promotion.

Staff were able to verify to us that any issues of assessed need are reported to the district nursing services for advice and guidance.

Is Care Compassionate? (Quality of Care)

From our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. From our discussion with residents, we endorsed that staff provide assistance with continence care in a sensitive and caring manner.

Areas for Improvement

One recommendation has been made to develop specific care plans for residents with continence needs.

Number of Requirements:	0	Number of Recommendations:	1
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5.5 Additional Areas Examined

5.5.1 Residents Views

We met with 15 residents. We observed residents relaxing in the communal lounge area. Residents were involved in activities. In accordance with their capabilities, residents expressed that they were happy and content with their life in the home. They expressed their satisfaction with the facilities and services provided and their relationship with staff. Residents were praising of the staff. One comment made was:

- “There is very good staff, I get anything I want, my room is lovely.”

5.5.2 Staff Views

We spoke with four care staff members individually, in addition to the acting manager. Staff advised us that they felt well supported in their respective roles. The staff related that they had been provided with the relevant resources to undertake their duties. Staff demonstrated to us that they were knowledgeable of the needs of individual residents.

- “The staff team are very helpful and the staff are good to the residents.”
- “The staff are supportive and interactive with the residents, the residents are treated like a family member. There is good support among the team.”
- “This is a lovely, clean environment residents have ample space and a lovely garden outside.”

Ten staff questionnaires were distributed for return. One staff questionnaire was returned and analysed within the required timeframe.

5.5.3 Relatives Views

We spoke with one relative. This relative praised the care provided, the staff working in the home and the acting manager. One comment made:

- “Excellent care is provided here, I think this is one of the best places around.”

5.5.4 Views of Visiting Professionals

We spoke with two visiting professionals. Both professionals commented that the home has a pleasant environment. They advised us that the staff are timely in initiating referrals and will follow up on advice and guidance. They stated that there was good communication with the staff in this home.

5.5.5 Environment

We found that the home presented as clean, organised and adequately heated. We observed residents' bedrooms to be homely and personalised. Décor and furnishings were found to be of a good standard. With the exception of one bedroom all areas were fresh smelling throughout. A recommendation was made to ensure this was addressed.

5.5.6 Care Practices

We found the atmosphere in the home was friendly and welcoming. We observed staff to be interacting with residents in a respectful, polite, warm and supportive manner. We observed residents to be well presented.

5.5.7 Accidents / Incident reports

We reviewed accidents and incidents records and care records. We confirmed that we were not consistently informed of any event in the home which adversely affects the care, health, welfare or safety of any resident. This requirement has been stated for the second time.

5.5.8 Fire Safety

We confirmed that the home's most recent fire safety risk assessment was undertaken on 15 June 2015.

We reviewed the fire safety records and could confirm that fire safety training was currently up to date. The acting manager confirmed that a fire drill took place on 8 May 2015.

The records identified that different fire alarms have been tested weekly with written records maintained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

5.5.9 Visits by registered provider

We confirmed that these visits were unannounced and undertaken on a monthly basis. A written report was available in the home.

Areas for Improvement

One requirement was made in relation to the reporting of accidents and incidents. A recommendation was stated to address the malodour in one identified resident's bedroom.

Number of Requirements	1	Number Recommendations:	1
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Margaret Irwin, acting manager. The timescales for completion commence from the date of inspection.

The registered person 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 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.

6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered persons meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and 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. 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 weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Statutory Requirements

<p>Requirement 1</p> <p>Ref: Regulation 30 (1) (f)</p> <p>Stated: Second time</p> <p>To be Completed by: As from the date of this inspection.</p>	<p>The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of –</p> <p>(f) any accident in the home;</p> <ul style="list-style-type: none"> • 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.
<p>Response by Registered Person(s) Detailing the Actions Taken: Staff were advised of the revised protocols and procedures now in place with regards to the reporting of accidents and incidents within the Scheme. This will provide a more robust approach and proficient response to current practice.</p>	

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be Completed by: 12 August 2015</p>	<p>The registered person should develop specific care plans for residents with continence needs.</p>
<p>Response by Registered Person(s) Detailing the Actions Taken: Residents with continence needs will have identified care plans in place, focusing on: Diagnosis, Expected Outcomes, Planning and Implementation, Evaluation and Critical thinking by close liaison with the visiting District Nurse designated to the Scheme.</p>	
<p>Recommendation 2</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be Completed by: 12 August 2015</p>	<p>The registered person should address the malodour in one identified resident's bedroom.</p>
<p>Response by Registered Person(s) Detailing the Actions Taken: This issue was remedied by requesting immediate carpet cleaning and deep cleaning of the residents bedroom.</p>	

Registered Manager Completing QIP	Margaret Irwin	Date Completed	27.07.15
Registered Person Approving QIP	Fiona McAnespie	Date Approved	03.08.15
RQIA Inspector Assessing Response	Laura O'Hanlon	Date Approved	3.8.15

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