

Unannounced Care Inspection Report 12 December 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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 What we look for



2.0 Profile of service

This is a residential care home with 15 beds registered to provide care for residents under categories of care detailed in section 3.0.

3.0 Service details

Organisation/Registered Provider: Fold Housing Association Responsible Individual: Fiona McAnespie	Registered Manager: Margaret Irwin
Person in charge at the time of inspection: Margaret Irwin	Date manager registered: Margaret Irwin - application received - registration pending.
Categories of care: Residential Care (RC) DE – Dementia	Number of registered places: 15

4.0 Inspection summary

An unannounced care inspection took place on 12 December 2017 from 10.10 to 15.30.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff training, the culture and ethos of the home and the environment.

One area requiring improvement was identified in regard to the statement of purpose. One area for improvement made at the last inspection was stated for the second time in relation to accidents and incidents.

Residents said that they felt safe in the home, they were happy with the care provided to them and that the staff were kind.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	1

Details of the Quality Improvement Plan (QIP) were discussed with Margaret Irwin, Home Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 11 May 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP and the notifications of accidents and incidents.

During the inspection the inspector met with 12 residents, one residents' representative, one member of the domestic staff, three care staff and the home manager.

A total of 10 questionnaires were provided for distribution to residents and their representatives. The staff were encouraged to access the on line service for questionnaire completion. One questionnaire was returned within the requested timescale.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision schedules
- One staff competency and capability assessment
- Staff training schedule/records
- Staff recruitment information
- Three resident's care files
- The home's Statement of Purpose
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Annual Quality Review report
- 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.
- A sample of policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met and partially met.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 19 July 2017

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

6.2 Review of areas for improvement from the last care inspection dated 11 May 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (3) Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of a competency and capability assessment for an identified staff member confirmed that such assessments were completed for any person in charge in the absence of the home manager.	

Area for improvement 2 Ref: Regulation 30 (1) (d) Stated: First time	The registered provider must ensure that accidents and incidents are managed and reported in accordance with the legislative requirements and good practice guidance.	Partially met
	Action taken as confirmed during the inspection: A review of the record of accidents and incidents identified a number of incidents where RQIA were not informed. These incidents were submitted to RQIA following the inspection. This area for improvement was stated for the second time.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The home manager advised on 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, one residents' representative and staff. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

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

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

The home manager and 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. One completed staff competency and capability assessment was reviewed and found to be satisfactory.

Discussion with the home manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. A review of one staff file confirmed that the home manager had oversight of this process.

The adult safeguarding policy in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. This policy was displayed on the notice board at the main entrance to the home. The name of the safeguarding champion was displayed as well as other safeguarding information. This is to be commended.

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 home manager, 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 home manager advised that there were risk management procedures in place relating to the safety of individual residents. Discussion with the home manager 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 home manager advised that there were restrictive practices employed within the home, notably locked doors, fob entry systems and pressure alarm mats. Discussion with the home manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. A review of the statement of purpose identified that restrictions were adequately described.

The home manager advised there were risk management policy and procedures in place. Discussion with the home manager confirmed that these were appropriately maintained and reviewed regularly.

The home manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of equipment during the inspection validated this.

Staff training records confirmed that all staff had received training in infection prevention and control (IPC) in line with their roles and responsibilities. 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 home manager 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 fresh smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. The home manager advised that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 26 May 2017 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. A fire drill was completed on 14 and 29 September 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 were regularly maintained.

One questionnaire was returned to RQIA within the required timeframe. The respondent described their level of satisfaction with this aspect of care as very satisfied.

A comment made by a resident during the inspection was:

- “I feel safe and well cared for. The staff are good to me”

A comment made by a staff member during the inspection was:

- “There is good staff training and there is good communication among the team. The staffing levels are fine”

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

Discussion with the home manager 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. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice. This was primarily evidenced through the staff knowledge of individual residents' needs and preferences.

Records were stored safely and securely in line with data protection.

The home manager 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 home manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and one representative spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. 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.

One questionnaire was returned to RQIA within the required timeframe. The respondent described their level of satisfaction with this aspect of care as very satisfied.

A comment made by a resident during the inspection was:

- "If I ask for anything the staff get it for me straight away"

A comment made by a staff member during the inspection was:

- "This is a great home with great teamwork. It is very calm and everyone works well together"

Areas of good practice

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

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The home manager 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 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. This was further evidenced by the review of care records.

The home manager, residents and/or their representatives confirmed that consent was sought in relation to care and treatment. Discussion with residents, one representative 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 and were able to demonstrate how residents' confidentiality was protected.

The home manager 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, one representative, review of care records 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 the staff, residents' meetings, suggestion box, monthly monitoring visits by the registered provider and annual reviews.

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

Discussion with staff, residents, one representative, 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 the hairdresser was present in the home. One resident was playing draughts while others were reading the daily papers.

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

One questionnaire was returned to RQIA within the required timeframe. The respondent described their level of satisfaction with this aspect of care as very satisfied.

Comments made by residents during the inspection included:

- “I love it here, I am very happy. We do lots of activities for example music and ceili music. My room is lovely and comfortable. I could ask for 10 cups of tea and I would always get them”
- “I love it here, the staff are terrific. I could ask the staff for anything”
- “I like it here. I am always asked if I want to do the activities, but I like being here on my own”
- “I am well looked after here. I have no concerns. I am cared for well by the staff”

Comments made by the staff were:

- “I have no concerns or worries. This is a good home”
- “The residents are the priority. We all work for the good of the residents; if someone doesn’t want to do something, that’s ok. The staffing levels are good. There is good communication among the team. I don’t feel stressed”
- “We have a very supportive team and we all help each other out”

Areas of good practice

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.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The home manager 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.

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

The records of accidents/incidents/notifiable events were reviewed. This identified a number of incidents where RQIA were not informed. These incidents were reported to RQIA following the inspection. This area for improvement was stated for the second time.

The home manager 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. Discussion with the home manager identified that they had understanding of their role and responsibilities under the legislation. The home manager confirmed that the registered provider was kept informed regarding the day to day running of the home through the monthly monitoring reports.

During the review of the statement of purpose it was noted that it was not updated to reflect recent changes in the organisation. This was discussed with the home manager and identified as an area for improvement to ensure that this was maintained on an up to date basis.

The home manager 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 was displayed.

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

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The home manager confirmed that staff could also access line management to raise concerns and that 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.

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

One questionnaire was returned to RQIA within the required timeframe. The respondent described their level of satisfaction with this aspect of care as very satisfied.

Comments made by the staff during the inspection were:

- “Margaret is a great manager and I would have no difficulty in going to her”
- “Margaret is excellent and we can go to her at any time, even out of hours it doesn’t matter”

Areas of good practice

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

Areas for improvement

One area for improvement was stated for the second time in regards to accidents and incidents. Another area for improvement was identified in relation to the statement of purpose.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Margaret Irwin, Home Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

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

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 30 (1) (d) Stated: Second time To be completed by: 13 December 2017	The registered provider must ensure that accidents and incidents are managed and reported in accordance with the legislative requirements and good practice guidance. Ref: 6.7 Response by registered person detailing the actions taken: Further instruction has been delivered to all Senior Team members by the Registered Manager and the Care Services Manager.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 20.6 Stated: First time To be completed by: 12 January 2018	The registered person shall ensure that the statement of purpose is maintained on an up to date basis. Ref: 6.7 Response by registered person detailing the actions taken: The Statement of Purpose was updated immediately following the Inspection.

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



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