

Unannounced Care Inspection Report

13 October 2016



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

1.0 Summary

An unannounced inspection of Gnangara took place on 13 October 2016 from 10.00 to 16.30.

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 induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

Three areas for improvement were identified in this domain. A requirement was made to ensure the duty rota accurately reflects the staff on duty in the home.

A recommendation was made to ensure the infection prevention and control (IPC) policy is reviewed no less than three yearly. A recommendation was made to address the following environmental issues:

- Address the rust present on the handrails in two identified ensuites
- Address the small areas where the paint was chipped off the walls in two identified ensuites.

Is care effective?

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

One area for improvement was identified. A recommendation was made to ensure that the date memoir boards are updated on a daily basis.

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 accidents and incidents and maintaining good working relationships.

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

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	1	3

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

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

1.2 Actions/enforcement taken following the most recent care inspection

Following the last care inspection a serious concerns meeting took place with RQIA to address the management issues at the home. A satisfactory action plan was provided by the home to address this area of concern.

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: Margaret Irwin	Date manager registered: Acting
Categories of care: DE – Dementia	Number of registered places: 15

3.0 Methods/processes

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

During the inspection the inspector met with 14 residents, one relative, three care assistants, one senior care assistant and the deputy manager.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- One staff competency and capability assessment

- Staff training schedule/records
- Three resident's care files
- The home's Statement of Purpose
- Minutes of recent staff meetings
- 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
- Programme of activities
- Policies and procedures

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 5 May 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 5 May 2016

Last care inspection statutory requirements		Validation of compliance
<p>Requirement 1</p> <p>Ref: Regulation 20 (1) (a)</p> <p>Stated: First time</p> <p>To be completed by: 6 May 2016</p>	<p>The registered person shall ensure that adequate staff are on duty in the home as are appropriate to meet the health and welfare of residents.</p> <p>Action taken as confirmed during the inspection: Discussion with residents, staff members, one relative and review of the duty rota confirmed that there are adequate staff on duty in the home to meet the needs of the residents.</p>	Met
<p>Requirement 2</p> <p>Ref: Regulation 29 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by: 6 May 2016</p>	<p>The registered person shall ensure that the registered provider visits are completed by an individual who is an employee of the organisation and not directly involved in the conduct of the home.</p> <p>Action taken as confirmed during the inspection: A review of the registered provider visits confirmed that these are currently being completed by a person independent from the home.</p>	

<p>Requirement 3</p> <p>Ref: Regulation 19 (2) Schedule 4</p> <p>Stated: First time</p> <p>To be completed by: 6 May 2016</p>	<p>The registered person shall ensure that the hours of the acting and deputy manager are recorded on the duty rota.</p> <p>Action taken as confirmed during the inspection:</p> <p>A review of the duty rota confirmed that the hours of the acting and deputy manager were recorded.</p>	Met
<p>Requirement 4</p> <p>Ref: Regulation 8 (1) (b) (iii)</p> <p>Stated: First time</p> <p>To be completed by: 6 May 2016</p>	<p>The registered person shall ensure that the individual appointed to manage the home, is in full time day to day charge of the home</p> <p>Action taken as confirmed during the inspection:</p> <p>An acting manager is in day to day charge of the home. This was validated by the deputy manager and the staff on duty.</p>	Met
Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 21.5</p> <p>Stated: First time</p> <p>To be completed by: 5 August 2016</p>	<p>The registered person should ensure that the policy on adult safeguarding is reviewed to include the current regional guidance, the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.</p> <p>Action taken as confirmed during the inspection:</p> <p>A review of the policy on adult safeguarding confirmed that it references the above recommendation.</p>	Met
<p>Recommendation 2</p> <p>Ref: Standard 20.6</p> <p>Stated: First time</p> <p>To be completed by: 5 June 2016</p>	<p>The registered person should review the statement of purpose to ensure it references restrictive practices used in the home.</p> <p>Action taken as confirmed during the inspection:</p> <p>A review of the statement of purpose confirmed that it references the use of restrictive practices in the home.</p>	Met

4.3 Is care safe?

The deputy manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

On the day of the inspection the duty rota reflected that the acting manager was working. However the acting manager was not present in the home during the inspection. The staff on duty confirmed that acting manager was present in the home yesterday. A requirement was made to ensure the duty rota accurately reflects the staff on duty in the home.

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

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A schedule for mandatory training and staff supervision was maintained and was available for inspection. Confirmation that staff appraisals were up to date was provided during the inspection.

Arrangements were in place to monitor the registration status of staff with their professional body.

The deputy 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. A review of one staff competency and capability assessment found this to be satisfactory.

Discussion with the deputy manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department.

The adult safeguarding policy and procedure in place dated June 2016 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. A safeguarding champion has been established in the home.

Discussion with staff confirmed that 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 scheduled for 17 October 2016.

The deputy manager reported there had been no recent safeguarding issues in the home. A review of accident and incidents notifications, review of care records and complaints confirmed this. The deputy manager described how any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

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

The deputy manager confirmed there were restrictive practices were employed within the home, notably locked doors, keypad entry systems, pressure alarm mats, and sensor mats.

Discussion with the deputy manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

A review of the Statement of Purpose and Residents Guide identified that restrictions were adequately described.

The deputy manager confirmed that equipment and medical devices in use in the home was well maintained and regularly serviced. Observation of equipment used in the home found them to be clean.

Review of the infection prevention and control (IPC) policy and procedure found this to be dated 2009. A recommendation was made to ensure this policy was reviewed no less than three yearly. Staff training records confirmed that all staff had received training in 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.

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

The deputy manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the 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. Some issues were identified in regard to the environment: rust was present on the handrails in two identified ensuites and small areas of the paint were chipped off the walls in two identified ensuites. A recommendation was made to address this matter.

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 an up to date fire risk assessment in place dated 22 March 2016 and all recommendations were noted to be appropriately addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on 2 September and 4 April 2016. 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

Three areas for improvement were identified in this domain. A requirement was made to ensure the duty rota accurately reflects the staff on duty in the home.

A recommendation was made to ensure the infection prevention and control (IPC) policy is reviewed no less than three yearly. A recommendation was made to address the following environmental issues:

- Address the rust present on the handrails in two identified ensuites
- Address the small areas where the paint was chipped off the walls in two identified ensuites.

Number of requirements	1	Number of recommendations	2
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4.4 Is care effective?

Discussion with the deputy 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, risk assessments, care plans and a daily statement of health and well-being of the resident. 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 resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate.

It was noted that the date memoir boards displayed within the home were not updated at the time of this inspection. A recommendation was made to ensure this was completed on a daily basis to assist with this area of need.

The deputy manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of care records, accidents and incidents (including falls), complaints, environment and catering, were available for inspection and evidenced that any actions identified for improvement were incorporated into practice.

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

Residents, 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 available for 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

One area for improvement was identified. A recommendation was made to ensure that the date memoir boards are updated on a daily basis.

Number of requirements	0	Number of recommendations	1
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4.5 Is care compassionate?

The deputy manager confirmed that there was a culture/ethos within the home 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 review of care records confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Discussion with residents, one representative and staff along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity.

Discussion with staff, residents, and one representative, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. An activities programme was displayed in each resident’s bedroom and on the main notice board. On the day of the inspection some resident were reading newspapers while others were participating in board games.

Arrangements were in place for residents to maintain links with their friends, families and wider community. Family members are welcome to visit the home at any time.

The deputy manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, representatives 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, care management reviews, residents’ meetings and the monthly monitoring visits. A suggestion box was present in the home.

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. An action plan was developed and implemented to address any issues identified.

Residents and/or their representatives confirmed that their views and opinions were taken into account in all matters affecting them.

Some comments made by residents included:

- “We are well looked after here, the food is lovely.”
- “The food is lovely, if you wanted a cup of tea you would get it. I am happy here.”
- “My breakfast was nice this morning.”

One relative commented:

- “It’s an incredible place. There are good, positive one to one interactions. The staff are genuinely good, anything I ask for is always followed up. I have no concerns regarding staffing levels”

Areas for improvement

No areas for improvement were identified during the inspection.

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

The deputy manager outlined the management arrangements and governance systems in place within the home.

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

A range of policies and procedures were in place to guide and inform staff. The deputy manager confirmed that policies were centrally indexed and retained in a manner which was easily accessible by staff. Apart from the policy on infection prevention and control (IPC) as discussed in section 4.3 policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

Complaints records were not reviewed at this inspection as they were reviewed at the previous inspection.

A records of compliments was retained. Examples of such compliments included:

- “Warmest thanks for all your care and support for (relative) during her time in Gnangara. Your kindness, patience and professional care were much appreciated.”
- “The staff at Gnangara are outstanding, caring and so professional, they give 100% to the residents in their care and are so informative to visiting relatives and friends.”
- “Well done on a daily basis for the continual love and care shown to each resident in a challenging workplace.”
- “Wonderful place, wonderful trained caring staff. Highly recommend Gnangara.”

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

The deputy manager confirmed that they were aware of the Falls Prevention Toolkit and were using this guidance to improve post falls management within the home.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

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 evidence of managerial staff being provided with additional training in governance and leadership. The deputy manager is currently in the process of completing the QCF Level five in leadership and management.

There was a clear 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 deputy manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider responds to regulatory matters in a timely manner.

The deputy manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place dated October 2014. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The deputy manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

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

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements	0	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 Margaret Irwin, deputy manager, 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.

Quality Improvement Plan	
Statutory requirements	
Requirement 1 Ref: Regulation 19 (2) Stated: First time To be completed by: 14 October 2016	<p>The registered provider must ensure that the duty rota accurately reflects the staff on duty in the home.</p> <p>Response by registered provider detailing the actions taken: Actioned</p>
Recommendations	
Recommendation 1 Ref: Standard 21.5 Stated: First time To be completed by: 13 January 2016	<p>The registered provider should ensure the policy on infection prevention and control (IPC) is reviewed no less than three yearly.</p> <p>Response by registered provider detailing the actions taken: The policy has been highlighted to the Policy and procedure focus group in care services for immediate review.</p>
Recommendation 2 Ref: Standard 27.1 Stated: First time To be completed by: 13 November 2016	<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 ensuites • Address the small areas where the paint was chipped off the walls in two identified ensuites. <p>Response by registered provider detailing the actions taken: All of the above has been reported to our Estates officer for action.</p>
Recommendation 3 Ref: Standard 10.1 Stated: First time To be completed by: 14 October 2016	<p>The registered person should ensure that the date memoir boards are updated on a daily basis.</p> <p>Response by registered provider detailing the actions taken: On the day of inspection the menu board was showing the meal plan for the previous day as explained. This was corrected during inspection.</p>

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