



The Regulation and  
Quality Improvement  
Authority

Gnangara  
RQIA ID: 11143  
163 Sligo Road  
Drumawill  
BT74 7JZ

Inspector: Laura O'Hanlon  
John Mc Auley  
Inspection ID: IN22230

Tel: 02890394557

Email: [margaret.irwin@foldgroup.co.uk](mailto:margaret.irwin@foldgroup.co.uk)

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**Unannounced Care Inspection  
of  
Gnangara**

**15 September 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](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced care inspection took place on 15 September 2015 from 14.00 to 16.30. Overall on the day of the inspection we found the home was 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 and The DHSSPS Residential Care Homes Minimum Standards (2011).

### 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
<b>Total number of requirements and recommendations made at this inspection</b>	2	1

The details of the 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.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Fold Housing Association	<b>Registered Manager:</b> Margaret Irwin (registration pending)
<b>Person in Charge of the Home at the Time of Inspection:</b> Margaret Irwin /Jacinta Carney	<b>Date Manager Registered:</b> Registration pending
<b>Categories of Care:</b> RC-DE	<b>Number of Registered Places:</b> 15
<b>Number of Residents Accommodated on Day of Inspection:</b> 13	<b>Weekly Tariff at Time of Inspection:</b> £470.00

## 3. Inspection Focus

On 3 September 2015 a telephone call was received by RQIA from an anonymous source raising concerns regarding staffing levels, evening meal provision and infection control issues.

In response to this information, an inspection was undertaken. The inspection also sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard has been met:

**Standard 25: The number and ratio of management and care staff on duty at all times meet the care needs of residents.**

## 4. Methods/Process

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

During the inspection we met with 12 residents, three care staff and the acting manager.

We inspected the following records: three care records, duty rotas and fire safety records.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 11 June 2015. The completed QIP was returned and was approved by the care inspector. The QIP was not examined during this inspection; it will be examined during the next inspection.

## Carried forward for review at the next inspection

Statutory Requirements	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 30 (1) (f)  <b>Stated:</b> Second time  <b>To be Completed by:</b> As from the date of this inspection.	<p>The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of – (f) any accident in the home;</p> <ul style="list-style-type: none"> <li>Reference is made to this in that the registered person shall ensure that RQIA is to be notified of all accidents and incidents and records be improved upon to include a detailed account of the accident, the nature of the injury and any action taken following the accident.</li> </ul> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> 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	
<b>Recommendation 1</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> First time  <b>To be Completed by:</b> 12 August 2015	<p>The registered person should develop specific care plans for residents with continence needs.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> 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>
<b>Recommendation 2</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time  <b>To be Completed by:</b> 12 August 2015	<p>The registered person should address the malodour in one identified resident's bedroom.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> This issue was remedied by requesting immediate carpet cleaning and deep cleaning of the residents bedroom.</p>

## 5.2 Standard 25: The number and ratio of management and care staff on duty at all times meet the care needs of residents.

### Is Care Safe? (Quality of Life)

Staffing levels at the time of this unannounced inspection consisted of: the acting manager, one senior care worker and two care workers.

The acting manager confirmed to us that the staffing levels met the needs of the residents. The staffing levels took account of the size and layout of the home, the Statement of Purpose and fire safety requirements.

In our discussions with staff, they confirmed to us that they felt the staffing levels in the home were adequate and safe.

Administrative and ancillary staff of housekeeping and catering grades were employed to ensure that minimum standards relating to respective responsibilities are fully met. These staff members were present in the home during the inspection.

### Is Care Effective? (Quality of Management)

In our discussions with staff, they confirmed to us that they felt there was good managerial support and availability at all times. Staff also informed us that they would have no hesitation about reporting concerns to management.

In our discussions with staff, they confirmed to us good knowledge of the aligned health care professionals which they utilised for the care of the resident. These professionals included the behavioural support services, occupational therapy, moving and handling specialist and district nursing services. The support from these professionals also included training to staff.

### Is Care Compassionate? (Quality of Care)

From our observations of care practices we found residents were treated with dignity and respect. Staff interactions with residents were pleasant, friendly, warm and supportive.

Care duties were organised at an unhurried pace. Residents' social and recreational needs were met. The hairdresser had visited the home earlier in the day. Residents were enjoying afternoon tea. There was a relaxed atmosphere within the home.

### Areas for Improvement

There were no areas of improvement identified with this standard inspected. The overall assessment of this standard considered to be compassionate, safe and effective. This standard was met.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.3 Additional Areas Examined**

### **5.3.1 Residents' Views**

We met with twelve residents. We observed residents relaxing in the communal lounge area. In accordance with their capabilities, residents expressed that they were happy and content with their life in the home. In accordance with their capabilities, they expressed their satisfaction with the facilities and services provided and their relationship with staff.

### **5.3.2 Staff Views**

We spoke with three staff members individually, in addition to the acting manager. Staff advised us that they felt well supported in their respective roles. In particular, staff praised the support provided by the acting manager. The staff related that they had completed the mandatory training and were 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 commented positively on the provision of care for the residents in the home. The acting manager confirmed to us that current staffing levels were satisfactory to meet the needs of the residents.

The acting manager informed us that the home recently had a planned evening where the residents had fish and chips. This proved very successful with the residents. The acting manager confirmed that consideration was given to those residents with swallowing difficulties and arrangements were put in place to manage this. The acting manager advised us that such was the success of this event that it anticipated that this will happen on a monthly basis.

### **5.3.3 Relatives Views**

There were no relatives in the home during the inspection.

### **5.3.4 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.

### **5.3.5 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 dressed.

### 5.3.6 Infection Prevention and Control

We found the home to be clean during the inspection. We found the cleaning and storage cupboards to be locked. There were appropriate colour coded buckets and cloths. Disposable towels were in place. The acting manager confirmed that different cloths were used for cleaning different areas.

In our discussions with care staff they lacked knowledge in the colour coding systems for mop buckets and cloths. A recommendation was made to ensure refresher training is provided for all staff in this area.

### 5.3.7 Fire Safety

We confirmed that the home's most recent fire safety risk assessment was dated 15 June 2015. A review of this fire safety risk assessment confirmed that one of the actions identified had not been addressed. This was in regard the need for a risk assessment to be completed for residents who smoke. A requirement was made to ensure this is addressed.

### 5.3.8 Care Records

We examined three care records. We found them to be informative and up to date.

However there was a letter within each care record requesting information from residents representatives in relation to a do not resuscitate status. This letter stated that this was a requirement from RQIA which is not the case. A requirement was made to review this policy and procedure in line with the Resuscitation Council (UK) guidelines.

### Areas for Improvement

A requirement was made to ensure that a risk assessment is undertaken for the management of those residents who smoke as identified within the fire safety risk assessment.

A recommendation was made to ensure that refresher training is provided for all staff on the colour coding system for mop buckets and cloths etc.

A requirement was made to review the policy and procedure on death and dying in line with the Resuscitation Council (UK) guidelines.

<b>Number of Requirements:</b>	<b>2</b>	<b>Number of Recommendations:</b>	<b>1</b>
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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 Jacinta Carney, senior care worker. The timescales 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 person/s 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 DHSSPS 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](mailto: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><b>Requirement 1</b></p> <p><b>Ref:</b> Regulation 27 (4) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 15 October 2015</p>	<p>The registered person must ensure that a risk assessment is undertaken for the management of those residents who smoke as identified within the fire safety risk assessment.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> A review of Gnanagara's fire risk assessment has been reviewed by FOLD and Arma Fire Safety. (Author of fire Risk Assessments)</p>
<p><b>Requirement 2</b></p> <p><b>Ref:</b> Regulation 14 (1) (a)</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 15 October 2015</p>	<p>The registered person must ensure that the policy and procedure in regard to resuscitation is reviewed in line with the Resuscitation Council (UK) guidelines.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> D'n'R's have been omitted from the care records of clients as advised during the Inspection.</p>

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 35.1</p> <p><b>Stated:</b> First time</p> <p><b>To be Completed by:</b> 15 December 2015</p>	<p>The registered person should ensure that refresher training is provided for all staff on the colour coding system for mop buckets and cloths etc.</p> <p><b>Response by Registered Person(s) Detailing the Actions Taken:</b> Domestic and Care Staff have been advised of the colour coded system in place which is evident now in print at each cleaning station.</p>
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<b>Registered Manager Completing QIP</b>	Margaret Irwin	<b>Date Completed</b>	16 <sup>th</sup> October 2015
<b>Registered Person Approving QIP</b>	Fiona McAnespie	<b>Date Approved</b>	19 <sup>th</sup> October 2015
<b>RQIA Inspector Assessing Response</b>	Laura O'Hanlon	<b>Date Approved</b>	20.1.16

*\*Please ensure the document is completed in full and returned to [care.team@rgia.org.uk](mailto:care.team@rgia.org.uk) from the authorised email address\**