

Inspection Report

20 July 2021



Gnangara

Type of service: Residenital Care
Address: 163 Sligo Road,
Drumawill, Enniskillen
Telephone number: 028 6632 5134

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

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| Organisation/Registered Provider: Radius Housing Association Responsible Individual: Mrs Fiona McAnespie | Registered Manager: Ms Margaret Irwin Date registered: 14 June 2018 |
| Person in charge at the time of inspection: Louise Rogers, senior care assistant | Number of registered places: 15 |
| Categories of care: Residential Care (RC) DE – Dementia | Number of residents accommodated in the residential care home on the day of this inspection: 13 |
| Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 15 residents. The home is divided into three units each accommodating up to five residents with individual bedrooms and en-suites. Residents have access to communal lounges, a dining room and a garden. | |

2.0 Inspection summary

An unannounced inspection took place on 20 July 2021, from 10.10am to 3pm by a care Inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

Areas for improvement were identified in relation to management and oversight of recruitment, environment, fire safety and personal protective equipment (PPE) audits. Two areas for improvement have been stated for a second time in relation to infection prevention and control (IPC) and environmental audits.

Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from residents and staff, are included in the main body of this report.

RQIA were assured that the delivery of care and service provided in Ghangara was safe, effective and compassionate and there were appropriate management arrangements within the home.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection residents and staff were asked for their opinion on the quality of the care; and their experience of living, visiting or working in this home. The daily life within the home was observed and how staff went about their work. A range of documents were examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The findings of the inspection were discussed with the person in charge at the conclusion of the inspection and the following day with the manager.

4.0 What people told us about the service

The inspector spoke with 11 residents and six staff. No questionnaires were returned and we received no feedback from the staff online survey. Residents appeared relaxed and comfortable in their surroundings and in their interactions with staff.

Staff said that the manager was very approachable, there was great teamwork and that they felt supported in their role. One staff member said "a fabulous place to work."

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

| Areas for improvement from the last inspection on 21 January 2021 | | |
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| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | | Validation of compliance |
| Area for improvement 1 Ref: Regulation 27 (2) (t) Stated: First time | The registered person shall, having regard to the number and needs of the residents, ensure that a risk assessment to manage health and safety is carried out and updated when necessary. With specific reference to: <ul style="list-style-type: none"> • kettles in lounge areas • a hob cooker in identified lounge • electric fan heater in identified lounge | Met |
| | Action taken as confirmed during the inspection: Observation of the environment, discussion with staff and review of care records evidenced that this area for improvement has been met. | |
| | | |
| Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) | | Validation of compliance |
| Area for improvement 1 Ref: Standard 25 Stated: First time | The registered person shall ensure that the duty rota contains the full names of staff and accurately reflects the hours worked and the capacity in which they are worked. | Met |
| | Action taken as confirmed during the inspection: Review of a sample of staff duty rotas evidenced that this area for improvement has been met. | |

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| <p>Area for improvement 2</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> | <p>The registered person shall ensure that staff practices are in accordance with infection prevention and control.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • storage of equipment • signage is laminated • hand sanitising gel and PPE is readily available • the wearing of jewellery • the wearing of nail polish. <p>Action taken as confirmed during the inspection: Observation of the environment evidenced that this area for improvement has not been fully met and has been stated for a second time.</p> <p>This is discussed further in section 5.2.3.</p> | <p>Partially met</p> |
| <p>Area for improvement 3</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> | <p>The registered person shall ensure that a record of all maintenance issues is maintained with the action taken and signed and dated when the issue has been resolved. The folder should be separated to clearly distinguish between the two services.</p> <p>Action taken as confirmed during the inspection: Observation of the environment, discussion with staff and review of maintenance records evidenced that this area for improvement has been met.</p> | <p>Met</p> |

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| Area for improvement 4 Ref: Standard 20 Stated: First time | <p>The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home and are available for inspection.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • Care records • Environment <p>Action taken as confirmed during the inspection: Review of audits evidenced that this area for improvement has not been fully met and has been stated for a second time.</p> <p>This is discussed further in section 5.3.5.</p> | Partially Met |
| | | |

5.2 Inspection findings

5.2.1 Staffing Arrangements

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling and adult safeguarding. Staff said that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

Staff confirmed they had completed specialised training to ensure they were aware of the Department of Health's (DoH) Deprivation of Liberty Safeguards (DoLS) and restrictive practices. Staff were aware of how to ensure that, if restrictive practices could not be avoided, best interest decisions were made safely for all residents but particularly those who were unable to make their own decisions. Staff knew where to access information regarding DoLS and demonstrated their knowledge of what constituted a restrictive practice.

Staff were observed to be prompt in recognising residents' needs and were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs.

Safe staffing begins at the point of recruitment. Review of staff recruitment files evidenced that not all relevant pre-employment information was available within the home. This was discussed with the manager who advised that these records are held by the human resource department for the company. We discussed the importance of the manager having oversight of the recruitment process to ensure they are satisfied that appropriate safety checks have been completed and an area for improvement was identified.

Appropriate checks had been made to ensure that care workers maintained their registration with the Northern Ireland Social Care Council (NISCC).

Review of a sample of staff duty rotas evidenced that there were a number of occasions when staffing levels were not adhered to. This was discussed with the manager who advised that recruitment for suitably skilled staff was ongoing. Following the inspection both verbal and written confirmation was received from the manager that agency staff had been blocked booked to ensure a full complement of staff going forward.

Staff reported that there was good team work, they felt well supported in their role, and whilst they were short staffed on occasions, overall they were satisfied with the staffing levels and with the level of communication between staff and management.

There were safe systems in place to ensure staff are trained properly with ongoing management oversight of staffing levels to ensure that residents' needs are met by the number and skill mix of staff on duty.

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, daily routines, wishes and preferences.

There was a system in place to ensure accidents and incidents were notified, if required, to residents' next of kin, the trust and to RQIA. There was evidence of appropriate onward referral as a result of reduced mobility, for example, residents were referred to their GP, or for occupational therapist assessment.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The lunchtime dining experience was seen to be a pleasant opportunity for residents to socialise and the atmosphere was calm and relaxed. Staff had made an effort to ensure residents were comfortably seated. Whilst meals were observed covered on transport to residents, desserts were observed uncovered. It was also observed that not all staff were wearing an apron when assisting residents with their meal. This was discussed with the manager who agreed to communicate with relevant staff and to monitor during daily walk around.

Staff were seen to be supportive and attentive to residents whilst providing the appropriate level of assistance at mealtimes. Staff described how they were made aware of residents' individual nutritional and support needs and how care records were important to ensure that modified food and fluids were provided to residents who needed this based on recommendations made by the Speech and Language Therapist (SALT). The International Dysphagia Diet Standardisation Initiative (IDDSI) terminology was documented throughout residents' care plans.

Residents' needs were assessed at the time of their admission to the home and care plans were developed to direct staff on how to meet residents' needs. These plans included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Daily records were kept of how each resident spent their day and the care and support provided by staff. Referrals to, or visits from, any healthcare professional was recorded, along with the outcome, for example, if staff contacted the GP regarding a resident.

Care records were mostly well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. A number of minor deficits were identified and discussed with the senior care assistant. Following the inspection the manager provided written confirmation that all relevant care records were amended.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Residents' needs were clearly identified and communicated across the staff team and care was delivered effectively to meet the needs of residents.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was fresh smelling, neat and tidy and residents' bedrooms were found to be personalised with items of memorabilia and special interests. However, not all areas of the home were maintained to an acceptable standard with surface damage evident to identified floor coverings, walls and toilet seats. On discussion with staff and review of the record of maintenance requests; some of the environmental issues identified during the inspection had been reported several weeks previously which had not been addressed. This was discussed in detail with the manager and an area for improvement was identified.

Corridors and fire exits were clear from clutter and obstruction. However, two fire doors were observed propped open and a further fire door was unable to fully open. This was discussed with the manager who said that two of these fire doors had been referred to the maintenance department for repair. This information was shared with the estates inspector and an area for improvement was identified. Following the inspection the manager provided written confirmation that the identified fire doors had been repaired.

The senior care assistant told us that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Agency (PHA).

On observation of the type of gloves available within the home a discussion was held with the manager regarding potential allergy risk. The manager advised that staff complete a health questionnaire prior to the commencement of employment and that any residents with allergies are documented on admission and that there was currently no risk of this type of allergy to residents and/or staff. The manager further acknowledged the importance of monitoring the use of gloves with any visitors to the home and agreed to include this within the health declaration.

All visitors to the home had a temperature check and completed a health declaration on arrival. They were also required to wear personal protective equipment (PPE) such as aprons, masks and/or gloves.

Inappropriate storage of patient equipment was identified within a communal bathroom; there was limited availability of hand sanitising gel and donning and doffing stations in areas where personal care was being provided and PPE was stored within a locked cupboard in a designated area which was not readily available to staff. This was discussed in detail with the manager and area for improvement has been stated for a second time.

Further inappropriate storage of cat litter and a litter tray was observed within a communal lounge accessible to residents. The potential risks were discussed in detail with the manager who agreed to review this immediately. Following the inspection the manager provided both verbal and written confirmation that these items had been removed from the identified room and relocated to a safe area.

The manager said that cleaning schedules included frequent touch point cleaning and this was carried out by both domestic and care staff on a regular basis.

5.2.4 Quality of Life for Residents

Residents said that they were able to choose how they spent their day; they could get up or go to bed when they wished, wear what they wanted and spend time in their own rooms or in the lounges.

Residents' needs were met through a range of individual and group activities such as arts and crafts, music and outdoor walks. Where residents preferred to spend time in their rooms, staff engaged residents in one to one activities.

Observation of life in the home and discussion with staff and residents established that staff engaged with residents individually or in groups; residents were afforded the choice and opportunity to engage in social activities, if they wished.

Staff recognised the importance of maintaining good communication between residents and their relatives, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

There were suitable systems in place to support residents to have meaning and purpose to their day and to allow them the opportunity to make their views and opinions known.

5.2.5 Management and Governance Arrangements

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff said that the manager was approachable and accessible.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. The management team completed regular audits of falls, IPC, PPE and hand hygiene. However, PPE audits were not reflective of the equipment available within the home. This was discussed with the manager and an area for improvement was identified.

Environmental audits were not available for review during the inspection. Following the inspection the manager forwarded an audit by email which had been carried out in June 2021. The audit evidenced that a number of deficits had been identified in the environment similar to what was identified during the inspection. However, the audit did not include an action plan, time frames, the person responsible or a follow up. This was discussed with the manager and an area for improvement has been stated for a second time.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

The home was visited each month by a representative of the responsible individual to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed and available for review by residents, their representatives, the Trust and RQIA.

6.0 Conclusion

Residents looked well cared for and were seen to be content and settled in the home. Staff treated residents with respect and kindness.

As a result of this inspection four new areas for improvement were identified. These related to the management and oversight of recruitment, environment, fire safety and personal protective equipment (PPE) audits. Two areas for improvement have been stated for a second time in relation to infection prevention and control (IPC) and environmental audits.

RQIA were assured that the delivery of care and service provided in Gngangara was safe, effective and compassionate and there were appropriate management arrangements within the home.

7.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (August 2011).

| | Regulations | Standards |
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| Total number of Areas for Improvement | 2 | 4* |

* The total number of areas for improvement includes two standards that have been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Louise Rogers, Senior Care Assistant and Margaret Irwin, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

| Quality Improvement Plan | |
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| Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 | |
| Area for improvement 1 Ref: Regulation 27 (2) (b) (c) Stated: First time To be completed by: 20 September 2021 | <p>The registered person shall ensure that the environmental issues identified during this inspection are addressed.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • surface damage to identified walls and floor coverings • toilet seats are replaced to identified en-suites and communal bathroom. <p>Ref: 5.2.3</p> |
| | <p>Response by registered person detailing the actions taken: Works orders submitted for action for; 4 wall area repairs, to replace communal corridor area carpet with cushioned vinyl and identified toilet seat replacement. Completion of these works will be monitored by the RM and CSM.</p> |
| Area for improvement 2 Ref: Regulation 27 (4) Stated: First time To be completed by: With immediate effect | <p>The registered person shall ensure fire doors are maintained to operate effectively and are not propped open.</p> <p>Ref: 5.2.3</p> |
| | <p>Response by registered person detailing the actions taken: Atlas (Contractor) have attended to complete fire door repairs. Fire doors are subject to weekly checks as part of the fire alarm test.</p> |
| Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) | |
| Area for improvement 1 Ref: Standard 35 Stated: Second time To be completed by: 20 August 2021 | <p>The registered person shall ensure that staff practices are in accordance with infection prevention and control.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> • storage of equipment • hand sanitising gel and PPE is readily available. <p>Ref: 5.1 and 5.2.3</p> |
| | <p>Response by registered person detailing the actions taken: Staff reminded that no items are to be stored in the communal bathroom and of the requirement to wear an apron when serving meals. RM/ Senior will monitor daily. DANI units have been fitted in each corridor to house PPE. Daily checking in place for all wall mounted hand sanitiser</p> |

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| Area for improvement 2 Ref: Standard 20 Stated: Second time To be completed by: 20 August 2021 | The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home and are available for inspection. With specific reference to: <ul style="list-style-type: none"> • Environment Ref: 5.1 and 5.2.5 |
| | Response by registered person detailing the actions taken: RM to review completion of scheme care plan and contractor cleaning audits, including any remedial action plan. CSM to verify as part of MMV. |
| Area for improvement 3 Ref: Standard 19.2 Stated: First time To be completed by: With immediate effect | The registered person shall ensure that the manager has oversight of the recruitment process including pre-employment checks and that evidence of these checks is available during inspection. Ref: 5.2.1 |
| | Response by registered person detailing the actions taken: All employment records are treated as confidential and are held in an individual staff files within HR. A recruitment checklist approved by Registered Provider/ Designated Person and HR has been put in place for all future recruitment. This will be held at the Scheme for review at Inspection. |
| Area for improvement 4 Ref: Standard 20 Stated: First time To be completed by: 20 August 2021 | The registered person shall ensure that robust quality assurance audits are maintained to assess the delivery of care in the home and are available for inspection. With specific reference to: <ul style="list-style-type: none"> • PPE Ref: 5.2.5 |
| | Response by registered person detailing the actions taken: DANI units have been installed in each of the corridors within the Scheme. |

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



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