

# Unannounced Care Inspection Report 21 January 2021



## Gnangara

**Type of Service: Residential Care Home**  
**Address: 163 Sligo Road, Drumawill, Enniskillen BT74 7JZ**  
**Tel no: 028 6632 5134**  
**Inspector: Jane Laird**

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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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards. August 2011.

**1.0 What we look for**



**2.0 Profile of service**

This is a residential care home with 15 beds that provides care for residents living with dementia.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Radius Housing Association  <b>Responsible Individual:</b> Fiona McAnespie	<b>Registered Manager and date registered:</b> Margaret Irwin 14 June 2018
<b>Person in charge at the time of inspection:</b> Donna Meehan - senior care assistant	<b>Number of registered places:</b> 15
<b>Categories of care:</b> Residential Care (RC) DE – Dementia	<b>Total number of residents in the residential care home on the day of this inspection:</b> 13

### 4.0 Inspection summary

An unannounced inspection took place on 21 January 2021 from 09.30 to 14.45 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. In response to this, RQIA decided to undertake an inspection to this home.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC)
- care delivery
- care records
- environment
- governance and management arrangements

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

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	4

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Donna Meehan, senior care assistant, 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.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the previous care inspection report

Questionnaires and 'Tell us' cards were provided to give to residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was also left for staff inviting them to provide feedback to RQIA online. There was no response in the time frame allocated.

The following records were examined during the inspection:

- staff duty rotas for weeks commencing the 11 January 2021 and 18 January 2021
- records confirming staff registration with the Northern Ireland Social Care Council (NISCC)
- staff training records
- three residents' records of care
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records
- adult safeguarding folder
- fire risk assessment
- the monthly monitoring reports for November 2020 and December 2020

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 17 October 2019. There were no areas for improvement as a result of this inspection.

## 6.2 Inspection findings

### 6.2.1 Staffing

On arrival to the home we were greeted by the senior care assistant and staff who were helpful and attentive. The senior care assistant explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staffing levels would be adjusted when needed.

Review of staff duty rotas evidenced that the planned staffing levels had been adhered to. However, there were a number of deficits with the maintenance of the duty rota. For example; the full names of staff were not recorded and the hours worked by the manager were not fully reflected. In addition abbreviations such as 'D' and 'N' were documented as hours worked without a code to provide an explanation as to what they represented. This was identified as an area for improvement.

There was a pleasant and calm atmosphere throughout the home and we could see that there was enough staff to quickly respond to the needs of the residents and provide the correct level of support.

A discussion with staff confirmed that they felt supported in their roles and were satisfied with current staffing levels. Comments from staff included:

- "I love working here. "
- "Margaret the manager is very approachable and supportive."
- "Great team work here."
- "Plenty of training. "
- "The residents are well looked after. "

We also spoke with a visiting professional who spoke positively about the home. Comments included; "Residents are well cared for", "Staff are all great" and "Well run home. "

There was a system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC) which was completed by personnel at the head office for the company and then forwarded to the home manager. However, there was no signature or date to confirm that the manager had reviewed these checks. This was discussed with the manager following the inspection who agreed to commence this going forward. This will be reviewed at a future inspection.

We reviewed staff training records which confirmed that compliance with mandatory training was maintained. However, the training matrix did not include twice yearly fire safety awareness training. We discussed this with the manager following the inspection who provided written confirmation that twice yearly fire safety awareness training had been completed and that the training matrix had been updated to accurately reflect this.

We discussed staff training specific to the Mental Capacity Act (MCA) (Northern Ireland) 2016 deprivation of liberty safeguards (DoLS) and were advised by the senior care assistant that all senior care assistants had completed level 2 training. However, other staff such as care assistants and ancillary staff had not completed relevant training.

Following the inspection the manager agreed to have this training implemented with ongoing monitoring to ensure full compliance. This will be reviewed at a future inspection.

### **6.2.2 Infection prevention and control procedures**

Upon arrival to the home the inspector's temperature and contact tracing details were obtained in line with COVID-19 visiting guidelines. We were advised that this was completed on all visitors entering the home. Staff advised us that temperature checks were being completed on all residents and staff twice daily and that any concerns or changes were reported to management.

We found that there was an adequate supply of personal protective equipment (PPE) and hand sanitising gel at the entrance to the home. However, hand sanitisers were limited within the unit and PPE was not readily available. Staff demonstrated an awareness of the various types of PPE with the majority of staff observed applying and removing PPE correctly. However, a number of staff practices were not in accordance with IPC guidelines. For example, we observed one staff member wearing a bracelet and a further member of staff wearing nail polish. We also observed several items of equipment used by residents to be stored within a communal bathroom, a raised toilet seat in a resident's bedroom and signage not laminated on notice boards. This was discussed with the senior care assistant and an area for improvement was stated.

### **6.2.3 Care delivery**

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs and of how to provide comfort if required. Residents were well presented, and had been supported by staff in maintaining their personal care in a timely and discreet manner. There was a pleasant, relaxed atmosphere in the home throughout the inspection and staff were observed to have caring, cheerful and friendly interactions with residents.

Residents appeared to be content and settled in their surroundings and in their interactions with staff. Comments from residents included:

- "Very happy here. "
- "The staff are great. "
- "Food is very nice. "
- "Happy here. "

We observed the serving of the lunch time meal and saw that staff attended to the residents' needs in a prompt and timely manner. We saw that staff wore the appropriate PPE and sat beside residents when assisting them with their meal. A daily menu was displayed within the dining room which offered a choice of two main meals.

Staff spoke of the importance of communication with families due to limited visiting at present; they were helping residents to keep in touch via alternative methods such as FaceTime and phone calls and found this was generally working well. At present visiting arrangements are in place in a designated area of the home and on a scheduled basis.

We observed residents engaged in their own activities such as; watching TV, sitting in the lounge or chatting to staff. Staff were very aware of each resident's likes, dislikes and strengths and were easily able to redirect a resident when this was required.

#### **6.2.4 Care records**

We reviewed three resident's care records which evidenced that the majority of care plans were person centred and reviewed regularly. However, we identified that one resident did not have a care plan to reflect their dementia diagnosis and information regarding a resident's change in smoking arrangements had not been updated within their care plan. We discussed this with the senior care assistant and following the inspection the manager provided written confirmation that these care plans had been updated.

We reviewed three residents care records that were admitted to the home after the implementation of the MCA/DoLS and identified that relevant documentation was available for two of the residents. Following the inspection the manager advised that the care manager within the Trust for the other resident had been contacted to provide a copy of the necessary DoLS paperwork.

On review of the falls risk assessment template it was documented: 'review falls assessment weekly'. The senior care assistant advised that this was an error on the template as these assessments are only completed every 3 months or following a fall. Following the inspection this was discussed with the manager who agreed to have this template updated.

The senior care assistant advised us that care record audits are completed by designated senior care assistants every 3 months and that any deficits are emailed to the named senior carer to update and that the manager is copied into these emails. However, the details of these audits were not available during the inspection to establish the actions stated, the person responsible for completing the action, time frame or follow up. We discussed this with the manager following the inspection who agreed to review this process. This is discussed further in section 6.2.6 below.

#### **6.2.5 Environment**

The environment was fresh smelling, neat and tidy with the majority of communal areas throughout the home kept clear and free from obstruction. Residents' bedrooms were found to be personalised with items of memorabilia and special interests.

We observed walls around a number of hand paper towel and soap dispensers that required painting; staining to a carpet in an identified lounge; three linen trolleys with surface rust; a toilet lid that was worn in an identified en-suite; surface damage to a side board within a lounge and damage to carpets at the entrance of the blue zone and a lounge. We further identified that a radiator within one of the lounges was not working and a communal toilet that was out of order. This is discussed further in section 6.2.6 below. Following the inspection the manager provided written confirmation that the above issues were being addressed.

On review of the maintenance request folder, there was no record of these issues being referred to the estates officer. We further identified that other requests that were made several weeks prior to the inspection had not been signed and/or date to confirm if they had been addressed. We were therefore unable to evidence if the work had been completed/referred and an area for improvement was stated. We further recommended that the folder is separated to only include the maintenance requests for the residential home, as the supported living service maintenance issues were also included.

We also identified a number of unnecessary risks to residents within the environment and brought these to the immediate attention of relevant staff. For example, an electric fan heater was being used within a communal lounge, a hob cooker and kettles were observed unsupervised on occasions throughout the inspection. These risks were discussed in detail with the manager who agreed to discuss with relevant staff the importance of securing the above items when not being supervised and an area for improvement was stated.

### **6.2.6 Governance and management arrangements**

All staff spoken with commented positively about the manager and described her as supportive and approachable. A clear management structure was evident within the home.

An inspection of accidents and incident reports confirmed that these were effectively documented and reported to other relevant organisations in accordance with the legislation and procedures. Audits for accidents and incidents were not available during the inspection. This was discussed with the manager who advised that these were sent to head office and a copy was held within her office.

We reviewed the adult safeguarding folder which did not contain the yearly position report. Following the inspection the manager forwarded the relevant information and agreed to keep this within the folder going forward.

A system of audits was in place in the home. Examples of such audits reviewed were, hand hygiene, compliance with PPE and donning and doffing. We discussed deficits that were identified during the inspection as discussed above in section 6.2.4 and 6.2.5 and the importance of ensuring care record audits are available for review at inspection and completing environmental audits. An area for improvement was stated.

We requested records held within the home regarding complaints and compliments. The senior care assistant provided a book which contained compliments and one complaint which did not provide sufficient detail on how the complaint had been managed. The senior care assistant was advised by the administrator that a separate folder with complaints was kept within the manager's office. This was reviewed and there was evidence that complaints were being dealt with accordingly.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. Copies of the report were available for residents, their representatives, staff and trust representatives. Where areas for improvement were identified, there was an action plan in place with defined timeframes.

### **Areas of good practice**

Evidence of good practice was found in relation to the friendly, supportive and caring interactions by staff towards residents and we were assured that there was compassionate care delivered in the home.



## Areas for improvement

Five new areas were identified for improvement. These were in relation to the maintenance of the duty rota, infection prevention and control, maintenance records, risk management and quality governance audits.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	4

### 6.3 Conclusion

There was evidence of appropriate leadership and management structures within the home and residents appeared to be content and settled in their surroundings. Staff were knowledgeable regarding the needs of residents and how to access relevant services to ensure that the needs of residents are met. We were satisfied that the appropriate action had been taken to address any immediate issues identified during the inspection.

### 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Donna Meehan, senior care assistant, 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 nursing 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (2) (t)  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	<p>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.</p> <p>With specific reference to:</p> <ul style="list-style-type: none"> <li>• kettles in lounge areas</li> <li>• a hob cooker in identified lounge</li> <li>• electric fan heater in identified lounge</li> </ul> <p>Ref: 6.2.5</p> <p><b>Response by registered person detailing the actions taken:</b>            Risk assessments have been put in place in respect of the storage, access and use of the identified appliances.</p>
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 25  <b>Stated:</b> First time  <b>To be completed by:</b> 21 February 2021	<p>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.</p> <p>Ref: 6.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>            The duty Rota has been amended to include full staff names and remove any shift abbreviation. The rota accurately reflects the hours an employee works and the capacity they have been worked.</p>

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 35</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</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"> <li>• storage of equipment</li> <li>• signage is laminated</li> <li>• hand sanitising gel and PPE is readily available</li> <li>• the wearing of jewellery</li> <li>• the wearing of nail polish.</li> </ul> <p>Ref: 6.2.2</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> PPE stations within the home have been more clearly identified and an additional station has been added. The IPC points raised on the day have all been actioned and staff reminded of their responsibilities.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 27</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</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>Ref: 6.2.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> A separate folder is now in place to reflect all reported maintenance issues and completion details of same, this has been sub divided to differentiate between registrations.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 20</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 21 February 2021</p>	<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"> <li>• Care records</li> <li>• Environment</li> </ul> <p>Ref: 6.2.4, 6.2.5 and 6.2.6</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> A Senior staff care plan audit and environmental audit have been implemented and will be held for inspection.</p>

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



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