



The Regulation and  
Quality Improvement  
Authority

## **Primary Unannounced Care Inspection**

**Service and Establishment ID:** Granard (1153)  
**Date of Inspection:** 25 September 2014  
**Inspector's Name:** Kylie Connor  
**Inspection No:** 16959

**The Regulation And Quality Improvement Authority**  
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## 1.0 General information

<b>Name of home:</b>	Granard
<b>Address:</b>	12 Hospital Road Omagh BT79 0AN
<b>Telephone number:</b>	(028) 8224 1143
<b>Email address:</b>	Granard@easteden.co.uk
<b>Registered Organisation/ Registered Provider:</b>	Dr Brendan McDonald
<b>Registered Manager:</b>	Mrs Carmel Rodgers
<b>Person in charge of the home at the time of inspection:</b>	Mrs Carmel Rodgers
<b>Categories of care:</b>	RC-DE, RC-LD(E), RC-LD, RC-MP(E), RC-MP
<b>Number of registered places:</b>	26
<b>Number of residents accommodated on day of inspection:</b>	23 (3 vacancies)
<b>Scale of charges (per week):</b>	From £461 to £518
<b>Date and type of previous inspection:</b>	30 January 2014 31 January 2014 Primary Unannounced Inspection
<b>Date and time of inspection:</b>	25 September 2014 10:30am to 5:10pm
<b>Name of Inspector:</b>	Kylie Connor

## 2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary unannounced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

## 3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

## 4.0 Methods/Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection included the following:

- Analysis of pre-inspection information
- Discussions with the registered provider
- Discussions with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussions with staff

- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

## 5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	14
Staff	2 and the registered manager and registered provider
Relatives	1
Visiting Professionals	1

Questionnaires were provided, during the inspection to staff to seek their views regarding the service.

Issued To	Number issued	Number returned
Staff	25 on day of inspection	5

## 6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**  
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**  
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken	In most situations this will result in an area of good practice being identified and comment being made within the inspection report

## 7.0 Profile of service

Granard Residential Care home is situated in Omagh town centre. The residential home is owned and operated by Dr Brendan McDonald. Carmel Rodgers is manager of the home and has been registered manager with RQIA from 11 March 2014.

Accommodation for residents is provided single bedrooms in a two storey detached house. Access to the first floor is via a passenger lift and stairs where bedrooms and office accommodation are provided.

On the ground floor the home is divided into two areas and access is controlled via a keypad. Both areas have their own communal lounge and dining areas. The home also provides for catering and laundry services on the ground floor. A number of communal sanitary facilities are available throughout the home. An activity room is located on the ground floor and a secure garden with seating is available. Provision has been made outside for residents who smoke.

The home is registered to provide care for a maximum of twenty-six persons under the following categories of care:

### Residential care

DE	Dementia
MP	Mental disorder excluding learning disability or dementia
MP(E)	Mental disorder excluding learning disability or dementia – over 65 years
LD	Learning Disability
LD(E)	Learning Disability – over 65 years

## 8.0 Summary of Inspection

This primary unannounced care inspection of Granard was undertaken by Kylie Connor on 25 September 2014 between the hours of 10:30am and 5:10pm. Carmel Rogers was available during the inspection and for verbal feedback at the conclusion of the inspection. Dr McDonald spoke briefly to the inspector and received some feedback prior to the inspection being concluded.

The requirements and recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that all have been addressed. This is commended. The detail of the actions taken by the home can be viewed in the section following this summary.

Prior to the inspection, Carmel Rogers completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided in the self-assessment were not altered in any way by RQIA with one exception. The registered manager had not completed the provider's overall assessment of the residential home's compliance level against each of the two standards assessed. Following the inspection, the registered manager confirmed to the inspector what this was and this was added to the report.

During the inspection the inspector met with residents, staff, a visitor, a visiting professional discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, issued staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home

environment. The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

In discussions with residents they indicated in accordance with their ability that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. A visiting professional and a relative confirmed satisfaction with care delivery and communication with the home.

A review of the returned staff questionnaires and discussions with staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties. Further details received from residents, staff, a visitor and a visiting professional are included in section 11.0 of the main body of the report.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be well maintained.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information in relation to resident dependency levels, guardianship, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

Eleven recommendations were made as a result of the primary unannounced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, the relative, the visiting professional, registered manager, registered provider and staff for their assistance and co-operation throughout the inspection process.

## **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had policies and procedures in place which in the main reflected best practice guidance in relation to restraint, seclusion and human rights but an improvement was identified. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is not used and would only be used as a last resort. Residents' care records needed improvement in regard to detailing their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff confirmed that they have received training in behaviours which challenge. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information was recorded in the resident's care records. The registered manager was aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Granard was substantially compliant with this standard.

**STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home did not have a policy and procedure relating to the provision of activities. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents. Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. The home employed an activity coordinator for a number of hours each week and activities are provided by designated care staff. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who were not employed by the home had the necessary knowledge and skills to deliver the activity and records were maintained. The evidence gathered through the inspection process concluded that Granard is compliant with this standard. Improvements have been identified in the areas including: developing a policy and procedure; improving the format of the programme of activities and obtaining consents for photography and other forms of media.



### 9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 30 and 31 January 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	27 (2) (d)	<p>The registered person shall, having regard to the number and needs of the residents, ensure that all parts of the home are kept clean and reasonably decorated. The following maintenance issue must be addressed:</p> <ul style="list-style-type: none"> <li>• Repair/replace the laundry floor surface (damaged/chipped)</li> </ul> <p>Ref: Section 1.9</p>	The registered manager verified that the floor was repaired and painted. This is addressed.	Compliant
2	21 (4) (b) (i) Schedule 2 (3)	<p>The registered person shall not employ a person to work at the residential care home unless two written references relating to the person, including a reference from the person's present or most recent employer, if any are obtained.</p> <p>Ref: Criterion 19.2</p>	The registered manager confirmed that a spreadsheet has been created. Two staff files reviewed evidenced references were in place. This is addressed.	Compliant
3	21 (4) (b) (i) Schedule 2 (7)	The registered person shall not employ a person to work at the residential care home unless evidence that the person is physically and mentally fit for the purposes of the work which he/she is to perform at the home or, where	A health questionnaire was in each of the two staff files examined. The inspector advised that evidence that the person is physically and mentally fit for the purposes of the work which he/she is to perform at the home should in the first instance be sought from the person's general practitioner. Where it is impractical to do so a health questionnaire could be	Compliant

		<p>it is impracticable for the person to obtain such evidence, a declaration signed by the person that he/she is so fit.</p> <p>Ref: Criterion 19.2</p>	<p>completed by the person. This is addressed.</p>	
4	<p>19 (2) Schedule 4 (6) (b)</p>	<p>The registered person shall maintain in the home records in respect of each person so employed which includes a copy of his/her birth certificate.</p> <p>Ref: Criterion 19.2</p>	<p>Two staff files reviewed evidenced that this is addressed.</p>	<p>Compliant</p>

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	11.2	<p>It is recommended that a care review meeting be held at least annually to review the suitability of placement of self referred residents.</p> <p>Ref: Criterion 11.2</p>	<p>The registered manager confirmed this was addressed.</p>	<p>Compliant</p>
2	11.4	<p>It is recommended that the care review policy be reviewed and updated to include care review arrangements for self referred residents.</p> <p>Ref: Criterion 11.1</p>	<p>A review of the Policy on care management reviews (December 2013) evidenced this is addressed. The registered manager confirmed that it was amended following the previous inspection but the date was not updated. The registered manager assured the inspector that this will be recorded.</p>	<p>Compliant</p>
3	16.2	<p>It is recommended that the care staff induction programme be reviewed and updated to include safeguarding vulnerable adults including responding and reporting to suspected, alleged or actual abuse.</p> <p>Ref: Criterion 16.2</p>	<p>Two staff files reviewed evidenced that this is addressed. The registered manager obtained the NISCC Induction standards and workbook on the day of the inspection following discussion.</p>	<p>Compliant</p>

4	25.3	<p>It is recommended that the template used to undertake staff competency and capability assessments be reviewed and updated to address all aspects of the day to day management of the home in the absence of the registered manager including safeguarding vulnerable adults.</p> <p>Ref: Criterion 16.3</p>	<p>One record was reviewed and demonstrated this is addressed.</p>	Compliant
5	19.1	<p>It is recommended that the registered person ensures that the policy and procedures for staff recruitment fully detail the recruitment process and comply with legislative requirements and DHSSPS guidance.</p> <p>Ref: Criterion 19.1</p>	<p>The policy and procedure (April 2014) reviewed evidenced that this has been addressed.</p>	Compliant
6	19.2	<p>It is recommended that the staff application form be reviewed and updated to include a section for the date the employee commenced and left their previous employment.</p> <p>Ref: Criterion 19.2</p>	<p>Review of one staff file evidenced this is addressed.</p>	Compliant

7	23.6	It is recommended that a record is kept in the home of all training including the content of the training programme.  Ref: Section 1.12	The registered manager confirmed that this is being recorded. A review of the content of the most recent safeguarding of vulnerable adults, COSHH, Health and Safety, basic Life support, Learning Disability awareness training verified that this is addressed.	Compliant
8	29.6	It is recommended that a record of all staff participating in fire drills be maintained. This record should include staff signatures.  Ref: Section 1.11	The registered manager verified this is addressed.	Compliant
9	5.4	It is recommended that the assessment of need is signed by the resident and/or their representative. Ref: Section 1.10.	Evidence reviewed this is addressed.	Compliant
10	8.2	The manager should ensure that the care plan record should be improved to detail all care and support provided by the home, of residents' preferences and how staff should provide care and respond to any behaviours or risks.  Ref: Section 1.10 (Additional Areas Examined)	The care plans reviewed had been reviewed and improved. This is addressed.	Compliant

**10.0 Inspection Findings**

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b> <b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b> 10.1 Staff have knowledge and understanding of each individual resident’s usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
All staff received 2 days induction prior to taking up post. Full report on each resident is given and any behaviours identified. Daily report is given by senior carers any display of challenging or unusual behaviour is identified. Where Unusual behaviour is evident assessment and care plan is put in place. Identifying A= Antecedent-What happened prior to behaviour. B=Behaviour-How the behaviour manifested itself. C=Consequence-The effect the behaviour had on the resident and other residents and staff in the home.	Compliant
<b>Inspection Findings:</b>	
The home had a policy on the use of restraint (January 2012) and a Management of Behaviours that Challenge (November 2011) policy and procedure in place. A review of these identified that they reflected but did not reference the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and did reflect and reference the Human Rights Act (1998). The latter referred to ‘patients’ rather than ‘residents’ and reflected other details only relevant to a nursing home a recommendation has been made. The latter policy and procedure included the need for Trust involvement in managing behaviours which challenge. It detailed that RQIA must be notified on each occasion restraint is used. The former policy in restraint does not include notification to RQIA and the trust on each occasion restraint is used. A recommendation has been made.  Discussions with staff identified that informed values are in place and there is implementation of least restrictive strategies. A review of staff training records, returned staff questionnaires and discussions with staff identified that the majority of care staff had received training in behaviours which challenge which included a human rights approach. A recommendation has been made. Staff confirmed during discussions that they felt supported and this support ranged from the training provided, supervision and staff meetings.	Substantially Compliant

<p>A review of residents’ care records identified that individual resident’s usual routines, behaviours and means of communication need more detail including how staff should respond to assessed needs. Risk assessments were appropriately completed and a recommendation has been made in regard to smoking.</p> <p>Staff who met with the inspector demonstrated knowledge and understanding of resident’s usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p>	
<p><b>Criterion Assessed:</b> 10.2 When a resident’s behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident’s representative.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p>	
<p>All staff are aware of residents normal behaviour. Any change staff try to elicit the cause for behaviour and try to resolve the situation. Most staff have been trained in dealing with challenging behaviour. Staff inform the registered manager if behaviour persists intervention from psychiatric services, medical services and care manager would need to be sought. Staff are aware of engaging meaningful with residents at this time.</p>	Moving towards compliance
<p><b>Inspection Findings:</b></p>	
<p>The policy and procedures reviewed reflected most of the following:</p> <ul style="list-style-type: none"> <li>• Identifying uncharacteristic behaviour which causes concern</li> <li>• Recording of this behaviour in residents care records</li> <li>• Action to be taken to identify the possible cause(s) and further action to be taken as necessary</li> <li>• Reporting to senior staff, the trust, relatives and RQIA.</li> <li>• Agreed and recorded response(s) to be made by staff</li> </ul> <p>Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge. Care records were reviewed and identified that they contained some information regarding the residents identified uncharacteristic behaviour. A review of the records and discussions with a visitor and a professional confirmed that they had been informed appropriately.</p>	Substantially compliant

<p><b>Criterion Assessed:</b> 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b> All staff are aware through appropriate training and continuity of staff how to assess residents behaviour. All staff are aware of residents normal behaviour. Any changes on behaviour are documented, care plans evaluated and reassessed to meet residents change in needs and where necessary with residents permission family are informed of any change in residents behaviour and the approach adapted by staff.</p>	Compliant
<p><b>Inspection Findings:</b> A review of care plans identified that more detail is necessary in regard to how residents' behaviours present and how staff should respond. A recommendation has been made. Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.</p>	Substantially compliant
<p><b>Criterion Assessed:</b> 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b> Specific behaviour management are discussed with staff on duty emergency care review will be arranged inviting disciplines who are trained to give advise on these behaviours eg community nurse for learning disability or community nurse for mental health. Care plans are discussed and evaluated to reflect the changing needs of the relative. Residents input is vital when developing care plans, this is a collaborative process between each resident and staff member. Residents sign their own care plans.</p>	Compliant
<p><b>Inspection Findings:</b> The registered manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.</p>	Not applicable



<p><b>Criterion Assessed:</b> 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p> <p>Training is provided to help with residents with challenging behaviours. Registered manager and appropriate training provides support needed for staff to care for residents in a safe caring environment. Staff treat all residents with empathy, dignity and respect. Staff have a good understanding of residents behaviours. Most staff have worked for a long period at Granard providing continuity of care which can be very effective in managing challenging behaviour. Staff are all aware of the homes policy on 'responding to residents behaviour'.</p>	Compliant
<p><b>Inspection Findings:</b></p> <p>The registered manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time. Staff training has been addressed in section 10.1 of the report.</p>	Not applicable
<p><b>Criterion Assessed:</b> 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p> <p>All incidents are reported and recorded. Incident book completed with as much detail as possible. form 1A forwarded to RQIA within 3 days of incident with Form 2 to follow. Quarterly incidents sent to the Trust. Care manager informed of all incidents. Any incident relating to a Vulnerable Adult situation a VA1 Form is completed and forwarded to designated officer of vulnerable adults. Investigation takes place outcome of investigation is received by registered manager. If necessary emergency care review is arranged.</p>	Moving towards compliance
<p><b>Inspection Findings:</b></p> <p>A review of the accident and incident records from 1 August 2014 to the date of the inspection and discussions with staff identified that residents' representatives, Trust personnel and RQIA had been appropriately notified. A recommendation is made to develop an audit of accidents and incidents and provide training for staff to aid recording of the cause and appropriate action to be taken to prevent a re-occurrence.</p>	Substantially compliant

<p>A review of care plans identified that they had been updated and reviewed and included involvement of the Trust personnel and relevant others. A professional, the registered managers and staff confirmed during discussions that when any incident was managed outside the scope of a resident's care plan, this was recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	
<p><b>Criterion Assessed:</b> 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>Staff are aware of residents normal behaviour are able to de-escalate situations before they get out of control by using diversional techniques eg offering a cup of tea, cigarette or inviting the resident to go to a quiet room to ventilate any frustration they may have by listening in a non judge mental understanding way.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>Discussions with staff, visitor, professional, a review of returned staff questionnaires, staff training records and an examination of care records confirmed that restraint is not used and would only be used as a last resort by appropriately trained staff to protect the residents or other persons when other less restrictive strategies had proved unsuccessful.</p> <p>A review of the accident and incident records and residents' care records identified that RQIA, Trust personnel and the resident's representative are notified on occasions when restraint/restrictive practice has been used. The circumstances and nature of some restrictions in place were recorded on the resident's care plan. A recommendation is made to review and improve these including, bedrails, locked doors, lap belts, medication and smoking.</p> <p>A review of the home's Statement of Purpose evidenced that the types of restraint and restrictive practices used in the home are not described to include: physical; environmental; mechanical; technological; chemical; psychological. It does not reflect the categories of care applied for or sufficient detail of the areas outlined on Schedule 1. A recommendation has been made.</p>	Substantially compliant

<b>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b> 13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Activities and events in Granard are based on residents individual likes, dislikes and choice. Activities are purposeful and meaningful of each individual. All activities are based on identified needs and interests, life experiences, hobbies and interests of each resident. Activity assessment and care plans are in place with each resident having input to their care plan. Activities are reviewed through their care plan and are discussed at each review. Input from family is welcomed.	Compliant
<b>Inspection Findings:</b>	
The home did not have a policy on the provision of activities and a recommendation has been made. A review of three care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.  Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents. The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.	Substantially compliant
<b>Criterion Assessed:</b> 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
Granard is in the process of developing a walking club. Residents are very interested in this activity. Spiritual celebrations are held throughout the year and family and friends are invited to attend. Ministers of faith visit	Compliant

<p>Granard regularly. Residents enjoy our local school providing music sessions. Each resident has an activity assessment completed through this assessment. Residents are able to choose activities that are meaningful and age appropriate. Some residents like to go out of Granard to town for coffee mornings or day trips home. Some residents like to go to the local bar for a drink. Holidays and Day trips, Barbeques and Music Sessions.</p>	
<p><b>Inspection Findings:</b></p>	
<p>Examination of the programme of activities identified that social activities are organised daily. The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>One resident likes to remain in his room. He enjoys listening to his radio, activities are offered but this resident enjoys staff spending time on a 1-1 basis. He is a good listener and enjoys sharing his life experiences with others. Monthly residents meetings - activities are discussed, new activities also discussed. Some residents do not take part in activities but will watch activities taking place in the sitting room. Residents like gardening and contribute to planting of plants around Granard.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>A review of the record of activities provided and discussions with residents, including residents who generally stayed in their rooms, identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. Residents and their representatives were also invited to express their views on activities by means of resident meetings, one to one discussions with staff and care management review meetings. A recommendation has been made in regard to residents meetings.</p>	Compliant

<p><b>Criterion Assessed:</b> 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b> Notice board is displayed in sitting room for all to view. Board is updated each day with the activities for the day. Activity programmes can be changed if residents choose to. We have enlisted our local school to play music weekly.</p>	Compliant
<p><b>Inspection Findings:</b> On the day of the inspection the programme of activities was on display in the communal lounge of both sides of the home. This location was considered appropriate as the area was easily accessible to residents and their representatives. Discussions with residents and representatives confirmed that they were aware of what activities were planned. A recommendation has been made to review and improve the format of the programme of activities and consideration should be given to large print and a pictorial format.</p>	Substantially compliant
<p><b>Criterion Assessed:</b> 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b> Granard provides various equipment for activities. Baking sessions take place which residents thoroughly enjoy. Local council staff come to Granard and play Bocca game and do light exercises for our older residents. We have a member of staff which plays music 1-2 afternoons a week. Activity therapist is here 1.5 days per week. Presently recruiting.</p>	Compliant
<p><b>Inspection Findings:</b> The home employs an activity co coordinator for a number of sessions each week. Activities are also provided each week by designated care staff. The activity coordinator and care staff and residents confirmed that there was an acceptable supply of activity equipment available. There was confirmation from staff/the registered manager that a designated budget for the provision of activities was in place.</p>	Compliant

<p><b>Criterion Assessed:</b> 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b> Each resident has individual needs and abilities. Activity assessment and care plans can identify these needs. Some residents spend short periods in activities, this is their choice. Residents are free to leave activities and come back if they wish.</p>	Compliant
<p><b>Inspection Findings:</b> The activity co coordinator, care staff and registered manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating. Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b> Activity providers in Granard are known to staff within the home. Local Council Staff provide activities on a weekly basis and have the necessary skills to do so. Local School plays music weekly. One of our own staff provides musical entertainment functions in the home and 1-2 afternoons per week. We are currently recruiting an activity therapist/OT</p>	Compliant
<p><b>Inspection Findings:</b> The registered manager confirmed that persons are contracted in to provide a range of activities. The registered manager confirmed that evidence was obtained from the person that they had the necessary skills and knowledge to deliver the activity and confirmed that there were monitoring processes in place to ensure that they had the necessary knowledge and skills to deliver the activity.</p>	Compliant

<p><b>Criterion Assessed:</b> 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>Residents and staff are familiar with any person coming to Granard to provide an activity or any other form of entertainment. Feedback of each event is important for the evaluation of the activity. Registered Managers encourages feedback.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The registered manager and staff confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home's staff), of any change in residents' needs which could affect their participation in the planned activity.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment</b>	
<p>Each resident has activity assessments completed. All activities are recorded daily with the identified person delivering the activity. Each resident has an individual sheet.</p>	Compliant
<b>Inspection Findings:</b>	
<p>A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity. There was no evidence that appropriate consents were in place in regard to photography and other forms of media and a recommendation has been made.</p>	Substantially compliant



<p><b>Criterion Assessed:</b> 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents’ changing needs.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p>	
<p>Activity programme is reviewed twice a year or more often should residents wish, or when residents needs change. We continually seek new ideas to enhance our activity plan. Residents are encouraged to forward new ideas.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>A review of the programme of activities identified that it had last been reviewed at most residents meetings. The records also identified that the programme had been reviewed at least twice yearly. The registered manager and activity coordinator and care staff confirmed that planned activities were also changed at any time at the request of residents. Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	<p>Compliant</p>

<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>
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<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>
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## 11.0 Additional Areas Examined

### 11.1 Resident's consultation

The inspector met with fourteen residents individually and in groups. Residents were observed relaxing in the communal lounge areas whilst others were resting in their bedrooms. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

- "It's a good place. I'm a long time here."
- "I like to go for walks. I did flower-arranging today."
- "We do gardening, tidying-up and watering the plants."
- "They take you out for a couple of hours."
- "It's great altogether, the staff and the food is very good."
- "I couldn't praise it high enough."
- "I love Granard. I love all the staff. It's a beautiful place. The activities are great. I like drama."

### 11.2 Relatives/representative consultation

One relative who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard. The relative was aware of activities provided and confirmed good communication between the family and the home. No concerns were expressed or indicated.

Comments received included:

- "We are so happy that my relative is being so well looked after, a lot of the worry is taken out of our hands. Staff are contributing to taking photos of activities to put in an album. I don't know what u would do without places like this. They save my relatives life. My relative is cheery and enjoying life."

### 11.3 Staff consultation/Questionnaires

The inspector spoke with two care staff of different grades and five staff completed and returned questionnaires. A review of the completed questionnaires and discussions with staff identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training. A recommendation has been made in regard to training in challenging behaviour.

Comments received included:

- “(The training in challenging behaviour) is quite interesting and opened my eyes in other ways of dealing with it.”
- “Activities are brilliant, we have quite a variety of things.”
- “It’s (the standard of care provided) very good. We can approach Carmel with suggestions. We have staff meetings.”
- “All Granard staff aim to provide a high quality standard of care to our residents.”
- “It’s a lovely place to work in.”
- “One of the best homes I’d ever seen, relations between staff and residents is so good here, very close. Great team work.”

#### **11.4 Visiting professionals’ consultation**

One professional visited the home. They expressed high levels of satisfaction with the quality of care, facilities and services provided in the home and confirmed timely communication between the home and the team.

Comments received included:

- “It’s quite an efficient, well run (home) and a homely atmosphere, they look after everyone well and if any concerns they work closely with us.”
- “The meals are homely and staff knowledgeable and experienced in working with particular residents’ needs.”

#### **11.5 Observation of Care practices**

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

#### **11.6 Care Reviews**

Prior to the inspection a residents’ care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 1 April 2013 and 31 March 2014.

#### **11.7 Complaints**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

The registered manager confirmed that lessons learnt from investigations were acted upon.

### **11.8 Environment**

The inspector viewed the home alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be well maintained. It came to the inspector's attention that there had recently been a change of use to one room and it was now being used as an activity room. This room was observed not to have window restrictors fitted. Two requirements have been made.

### **11.9 Guardianship Information/Resident Dependency**

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection. Resident dependency information was returned prior to the inspection.

### **11.10 Fire Safety**

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated 21 November 2013. The review and discussion with the registered manager identified that all recommendations made as a result of this assessment had been duly actioned.

A review of the fire safety records and discussions with staff evidenced that fire training, had been provided, an evacuation had been undertaken and that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed. The registered manager confirmed that appropriate ashtrays for outdoor use had been ordered.

### **11.11 Vetting of Staff**

Prior to the inspection a vetting disclaimer pro forma was completed which confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Carmel Rogers as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

**Kylie Connor**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



The Regulation and  
Quality Improvement  
Authority

## Quality Improvement Plan

### Primary Unannounced Care Inspection

Granard

25 September 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Carmel Rogers, Registered Manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

<b>Statutory Requirements</b>					
<b>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, and The Residential Care Homes Regulations (NI) 2005</b>					
<b>No.</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1	14 (2) (a) and (c) (Section 11.8 of the report refers)	<p>The registered person should review the need for window restrictors in those locations where none currently exist. The activity room is one area identified. Reference should be made to Health Technical Memorandum 55.</p> <p>The review and subsequent actions should be in line with the safety alert MDEA(NI)2007/100</p> <p>The registered manager should provide a comprehensive update regarding progress made to the estates inspector.</p>	One	All window now have restrictors in position	By return of QIP
2	32 (1) (h) (Section 11.8 of the report refers)	<p>The registered person shall give notice in writing to the Regulation and Improvement Authority as soon as it is practicable to do so, if any of the following events is proposed to take place – the premises of the home are significantly altered or extended, or additional premises are acquired.</p> <ul style="list-style-type: none"> <li>• Following confirmation with the registration team a variation application for change of use of a room should be submitted.</li> </ul>	One	Variation Application forwarded to Registration Team 28.10.14	1 December 2014

<b>Recommendations</b>					
These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	10.1 10.2	The responsible person should review the policy on the use of restraint (January 2012) and the Management of Behaviours that Challenge (November 2011) to: reflect DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005); a residential care setting; responding to uncharacteristic behaviour; notification to RQIA and involvement of the trust.	One	Policy Presently Being Reviewed and will be completed by the 10.12.14.	10 December 2014
2	6.2 (Section 10.1 of the report refers)	The responsible person should ensure that all residents who smoke have a risk assessment completed and that the care plans detail management of smoking materials.	One	In Agreement with all residents they now have risk assessments and care plans for smoking. Detailed in the care plan and risk assessment the importance of extinguishing lighted cigarettes and the safe storage of smoking material.	1 December 2014
3	23.3 (Section 10.1 of the report refers)	The responsible person should ensure that mandatory training requirements are met. <ul style="list-style-type: none"> <li>The responsible person should ensure that all staff complete training in challenging behaviour.</li> </ul>	One	85% had up to date training in challenging behaviour. Further training week commencing 1.12.14 and will be completed by 1.02.15.	1 February 2015



4	10.3 10.1	The responsible person should ensure that care plans are reviewed and improved to detail of how the behaviours manifest and the specific approaches/techniques staff should use.	One	All Care plans are being reviewed to include behaviours which can manifest during a relapse in mental health. We will include all known behaviours and other possible behaviours which may occur.	1 January 2015
5	10.7	The responsible person should review and improve care plans to detail all restrictive practices in place.	One	Care plans are presently in place for the use of wheelchairs and the use of the belt for transporting the resident safely.	10 December 2014
6	10.7	The responsible person should ensure that the statement of purpose to includes: <ul style="list-style-type: none"> <li>• Details of any restraint and restrictive practices which may be used in the home. These should include the areas of physical, environmental, mechanical, technological, chemical and psychological.</li> <li>• All of the categories of care applied for and ensure comprehensive information in all areas of Schedule 1</li> </ul> <p>Submit a copy to the Inspector by email.</p>	One	Within Granard Residential Home we may have to use restrictive practices which are only used as a last resort and in consultation with care manager, family and GP. All restrictive practices are used in a manner that is respectful of the residents dignity and rights. The Statement of Purpose now includes comprehensive information on categories of care.	By return of QIP
7	10.6	The responsible person should develop an audit of accidents and incidents and provide training for staff to aid recording of identification of cause and appropriate action to be taken to prevent a re-occurrence.	One	Audit tool now in place and will be completed monthly. Data collected will be correlated and appropriate action taken.	1 December 2014

8	13.1	The responsible person should develop a policy and procedure on the provision of activities and events.	One	Policy completed and awaiting approval and signature from proprietor.	1 February 2015
9	13.4	The responsible person should review and improve the format of the programme of activities.	One	The programme of activities are displayed in both sitting rooms and activity room, daily. 2 weeks schedule also available for all residents to consult. The programme is reviewed 3 monthly and updated accordingly. Programmes are subject to change depending on residents needs.	1 January 2015
10	1.5 (Section 13.3 refers)	A record is made of the matters raised by the residents and their representatives and the action taken. <ul style="list-style-type: none"> <li>Ensure that the minutes of residents meetings include an action plan which is reviewed at the next meeting.</li> </ul>	One	Residents meeting are held monthly, last meeting held 02.11.14 and action plan completed.	By return of QIP
11	13.9	The responsible person should ensure appropriate consents in regard to photography and other forms of media in place.	One	Consent forms in process of being signed by residents/relatives to authorise consent for photography and other forms of media.	1 February 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Carmel Rodgers
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Dr Brendan McDonald

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	✓	Lara O'Hanlon	9.12.14
Further information requested from provider			