

# **Secondary Unannounced Care Inspection**

Name of Establishment: Granard

Establishment ID No: 1153

Date of Inspection: 26 February 2015

Inspector's Name: Laura O'Hanlon

Inspection No: IN016978

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY

Hilltop, Tyrone & Fermanagh Hospital, Omagh, BT79 0NS Tel: 028 8224 5828 Fax: 028 8225 2544

## **GENERAL INFORMATION**

Name of Home:	Granard
Address:	12 Hospital Road Omagh BT79 0AN
Telephone Number:	028 8224 1143
E mail Address:	Granard@easteden.co.uk
Registered Organisation/ Registered Provider:	Dr Brendan McDonald
Registered Manager:	Mrs Carmel Rodgers
Person in Charge of the home at the time of Inspection:	Mrs Carmel Rodgers
Categories of Care:	RC-DE, RC-LD(E), RC-LD, RC-MP(E), RC-MP
Number of Registered Places:	26
Number of Residents Accommodated on Day of Inspection:	25
Scale of Charges (per week):	£461 - £518
Date and type of previous inspection:	25 September 2014 Primary Unannounced
Date and time of inspection:	26 February 2015: 10am – 4.45pm
Name of Inspector:	Laura O'Hanlon

#### 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 is required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

#### PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service is 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.

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 (2008)

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

#### METHODS/PROCESS

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

- Discussion with the registered manager
- Discussion with registered provider
- Examination of records
- Observation of care delivery and care practices
- Discussion with residents and staff
- Inspection of the premises
- Evaluation and feedback.

#### **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 Standard/s:

## STANDARD 9 - Health and social care

The inspector has 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:

Guidance - Compliance statements			
Compliance statement	Definition	Resulting Action in Inspection Report	
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report	
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report	
2 - Not compliant	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	
3 - Moving towards compliance	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	
4 - Substantially Compliant	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	
5 - Compliant	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.	

#### PROFILE OF SERVICE

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

Accommodation for residents is provided in 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 26 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

#### **SUMMARY**

#### 7.0 Summary of inspection

This secondary unannounced care inspection of Granard was undertaken by Laura O'Hanlon on 26 February 2015 between the hours of 10am and 4.45pm. Mrs Carmel Rodgers registered manager was available during the inspection and for verbal feedback at the conclusion of the inspection. Dr Brendan McDonald registered provider was also available during the course of the inspection.

Two requirements and 11 recommendations were made as a result of the previous inspection. Review of documentation, observations and discussions demonstrated that the requirements and recommendations have been addressed within the required timescales. The details of the actions taken by the registered manager can be viewed in the section following this summary.

The focus of this unannounced inspection was on standard 9: Health and social care needs of residents are fully addressed.

A review of this standard found that care records were recorded with good account of residents' health and social care needs being met. Residents care records reflected liaison with primary health care professionals and residents were central to this process. Staff who met with the inspector demonstrated knowledge and understanding of individual residents assessed needs and referral pathways to ensure that these needs are met. Care records

overall detailed the primary health care professionals involved and there were systems and processes in place to ensure monitoring and provide feedback on follow up care. One recommendation has been made to detail the residents' optometrist and dentist within care records. The evidence gathered through the inspection process concluded that Granard was compliant with this standard.

During the inspection the inspector met with residents and staff, 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, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they indicated that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

Comments received from residents and staff are included in section 10.0 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. The residents' bedrooms and communal areas were clean and comfortably furnished with personal effects adding to the warm nature of the home.

A number of additional areas were also examined including fire safety and visits by registered provider. Further details can be found in section 10.0 of the main body of the report.

One requirement and one recommendation were made as a result of the secondary unannounced inspection, details 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, registered manager and staff for their assistance and co-operation throughout the inspection process.

## **FOLLOW-UP ON PREVIOUS ISSUES**

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	14 (2) (a) and (c) (Section 11.8 of the report refers)	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.  The review and subsequent actions should be in line with the safety alert MDEA (NI) 2007/100.  The registered manager should provide a comprehensive update regarding progress made to the estates inspector.	Discussion with registered manager and a tour of the environment confirmed that restrictors have been fitted to windows throughout the home.	Compliant
2	32 (1) (h) (Section 11.8 of the report refers)	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.  • Following confirmation with the registration team a variation application for change of use of a room should be submitted.	A variation application was submitted to RQIA for the change of use of activity room. This was subsequently approved by RQIA.	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	10.1	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.	The policy on the management of behaviours that challenge was examined on the day of inspection. The policy now reflects 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.	Compliant
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.	Examination of two care records of residents who smoke confirmed that a risk assessment has been completed and that the care plans detail management of smoking materials.	Compliant
3	23.3 (Section 10.1 of the report refers)	The responsible person should ensure that mandatory training requirements are met.  • The responsible person should ensure that all staff complete training in challenging behaviour.	Twenty-one out of 27 staff has completed training in managing behaviour which challenges in January and February 2015. Further training is planned for remaining staff.	Substantially Compliant
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.	Examination of four care records confirmed that care plans have been improved to detail how the behaviours manifest and the specific approaches/techniques staff should use.	Compliant

5	10.7	The responsible person should review and improve care plans to detail all restrictive practices in place.	Examination of four care records confirmed that care plans reflect the restrictive practices in place.	Compliant
6	10.7	<ul> <li>The responsible person should ensure that the statement of purpose to includes:</li> <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> <li>Submit a copy to the Inspector by email.</li> </ul>	Examination of the Statement of Purpose confirmed that it details the any restraint and restrictive practices which may be used in the home.  The Statement of Purpose includes the categories of care applied for and the required information outlined in Schedule 1.	Compliant
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.	An audit tool has been developed and is completed monthly to evaluate accidents and incidents within the home.  The registered manager confirmed that recording of accidents and incidents have been discussed at staff meetings to assist in staff training.	Compliant
8	13.1	The responsible person should develop a policy and procedure on the provision of activities and events.	A policy on activities has been developed and was available in the home on the day of the inspection.	Compliant

9	13.4	The responsible person should review and improve the format of the programme of activities.	The programme of activities was on display on the day of inspection and is now recorded in a larger print.	Compliant
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.  • Ensure that the minutes of residents meetings include an action plan which is reviewed at the next meeting.	Examination of last two months residents meetings included an action plan which is reviewed at the each meeting.	Compliant
11	13.9	The responsible person should ensure appropriate consents in regard to photography and other forms of media in place.	Examination of four care records confirmed that appropriate consents in regard to photography and other forms of media are in place.	Complaint

# STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.

Criterion Assessed: 9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	COMPLIANCE LEVEL
Inspection Findings:	
A review of four residents' care records identified that the name and contact details of residents GP was noted; however the details of the optometrist and dentist were not consistently recorded. A recommendation is made that all care records contain details of the residents' optometrist and dentist, as appropriate.  Discussion with the registered manager confirmed that, should a resident require to be registered with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	Substantially Compliant
Criterion Assessed:	COMPLIANCE LEVEL
9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	
Inspection Findings:	
Discussions with staff on duty confirmed that they had good knowledge and understanding of residents' needs and interventions required. Staff demonstrated awareness of the action to be taken in the event of an emergency. Care records evidenced comprehensive assessments completed by staff.	Compliant

# STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.

Criterion Assessed:	COMPLIANCE LEVEL
9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or	
advice is sought from, primary health care services and social services when necessary and documented in the resident's records.	
Inspection Findings:	
Examination of four care records evidenced that resident wellbeing is continually monitored and recorded. There was evidence of a comprehensive assessment undertaken which informed care plans and risk assessments. Within care records there was evidence of liaison with GP, primary health care professionals and social services. Good detail was noted.	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.	
Inspection Findings:	
A review of four care records, discussion with the registered manager and staff members confirmed that residents' representatives are provided with information verbally and that this is recorded in the resident's care records where appropriate. Resident representatives are also kept informed of any follow up care during annual care reviews.	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry	
and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	
Inspection Findings:	
A review of four residents' files identified that a record of visiting professionals is maintained within these records. A daily communication book, a diary and a resident's appointment file are operational within the home to monitor the frequency of residents' health care appointments. There was also evidence to confirm that referrals are	Compliant

made as necessary to the appropriate services.	
Criterion Assessed:	COMPLIANCE LEVEL
9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	
Inspection Findings:	
The registered manager confirmed that residents' spectacles, dentures and personal equipment and appliances are maintained by residents with assistance from staff.	Compliant

#### ADDITIONAL AREAS EXAMINED

#### 10.0 Additional Areas Examined

#### 10.1 Resident's consultation

The inspector met with 24 residents either individually or as part of a group. Residents were observed relaxing in the communal lounge area. In accordance with their capabilities, all residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Residents were praising of the staff and the positive impact they have made on their life. Both residents and staff were engaging in musical activities during the course of the inspection. No concerns were expressed or indicated.

#### Comments received included:

- "It's good here."
- "Always offered a choice of food."
- "I'm happy here."

### 10.2 Relatives/representative consultation

No relatives visited the home during the inspection.

#### 10.3 Staff consultation

The inspector spoke with five staff of different grades. Discussion with staff identified that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of residents. Staff demonstrated a positive and versatile attitude to their work with residents. Staff stated that this home has a family ethos and a good quality of care is provided to the residents. No concerns were expressed.

#### Comments received included:

- "A good quality of care is provided to residents, choice of food is offered. If residents want something else, this is facilitated even if it is not on the menu."
- "The care is fantastic, it's like a family approach, the manager is fair and supportive. There is good discussion among staff team."
- "The registered manager is a good manager and is approachable. I love working here, couldn't get a better home."
- "It's a nice care home to work in, the staff group work as a team and a good quality of care is maintained."
- "The care is brilliant, like a family here."

#### 10.4 Visiting professionals' consultation

No professionals visited the home during the inspection.

#### 10.5 Environment

The inspector viewed the home accompanied by Mrs Carmel Rodgers and alone, inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised with spiritual emblems of resident's choice in place.

## 10.6 Fire Safety

The inspector confirmed that the home's most recent fire safety risk assessment was dated 18 November 2014. The registered manager confirmed that any recommendations raised have been appropriately actioned.

A review of the fire safety records evidenced that fire training had been completed by 23 out of 27 staff in January and February 2015. This fire safety awareness was only undertaken once in 2014 by staff members. A requirement has been made to ensure that all staff members undertake fire safety training from a competent person at least twice every year.

The registered manager confirmed that different fire alarms are tested weekly and a written record was available on the day of inspection.

There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed. An evacuation had been undertaken on 21 February 2015.

## 10.7 Visits by Registered Provider

A review of the visits by the registered provider confirmed that these had been unannounced and completed on a monthly basis. These reports were available on the day of inspection

#### **QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Carmel Rodgers, 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:

Laura O'Hanlon
The Regulation and Quality Improvement Authority
Hilltop
Tyrone & Fermanagh Hospital
Omagh
BT79 0NS



## **Quality Improvement Plan**

## **Secondary Unannounced Care Inspection**

#### **Granard**

## **26 February 2015**

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 Mrs Carmel Rodgers, 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.

## **Statutory Requirements**

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirement	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	27 (4) (e)	The registered person must make arrangements for the persons working at the home to receive training from a competent person in fire prevention twice yearly.  Ref: Section 10.6 (Additional Areas Examined)	One	Granard now have E-Learning Theory. Practical will be carried out by Fireplus Ltd on 9 <sup>th</sup> April '15, 21 <sup>st</sup> April '15, 7 <sup>th</sup> Oct '15 and 22 <sup>nd</sup> Oct '15	31 July 2015

### Recommendations

These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They

No.	Minimum Standard Reference	Recommendation	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	9.1	The home has details of each resident's General Practitioner (GP), optometrist and dentist.  • Each resident's General Practitioner (GP), optometrist and dentist should be noted in the resident's care records.  Ref: Section 9, Criterion 9.1	One	All residents profiles will have GP Optometrist and Dentist included. This is work in progress.	31 March 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 and email to <a href="mailto:care.team@rqia.org.uk">care.team@rqia.org.uk</a>

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

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Laura O'Hanlon	06 March 2015
Further information requested from provider			