



Unannounced Care Inspection Report

30 May 2019



Granard

Type of Service: Residential Care Home
Address: 12 Hospital Road, Omagh, BT79 0AN
Tel No: 028 8224 1143
Inspector: Laura O'Hanlon

www.rqia.org.uk

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 registered residential care home which provides care for up to 26 residents.

3.0 Service details

Organisation/Registered Provider: East Eden Ltd Responsible Individual: Una McDonald (Acting)	Registered Manager and date registered: Carmel Rodgers 11 March 2014
Person in charge at the time of inspection: Carmel Rodgers	Number of registered places: 26 RC-I for one identified individual. A maximum of 1 resident to be accommodated in category of care RC-PH.
Categories of care: Residential Care (RC) MP - Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years I - Old age not falling within any other category DE – Dementia LD - Learning Disability LD (E) – Learning disability – over 65 years PH - Physical disability other than sensory impairment	Number of residents accommodated in the residential care home on the day of this inspection: 26

4.0 Inspection summary

An unannounced inspection took place on 30 May 2019 from 10.00 to 17.00.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff recruitment and training, communication between the staff and the residents and the culture and ethos of the home.

Areas requiring improvement were identified in regards to the need for consent regarding the use of alarm mats, the regulation 29 reports and complaints.

Residents described living in the home as being a good experience/ in positive terms. Residents were seen to be relaxed and comfortable in their surrounding and in their interactions with others/with staff.

Comments received from residents, visitors and staff during and after the inspection, are included in the main body of this report.

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
Total number of areas for improvement	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Carmel Rodgers, registered manager and Una McDonald, responsible individual, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 30 May 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 30 May 2018. Other than those actions detailed in the QIP no further actions were required to be taken.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

The following records were examined during the inspection:

- staff duty rotas
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- staff training schedule
- two staff recruitment and induction records
- three residents' records of care
- complaint records

- staff supervision and appraisal schedules
- fire safety records
- policy on adult safeguarding and whistleblowing
- a sample of governance audits/records
- accident/incident records
- monthly monitoring reports from January to April 2019
- RQIA registration certificate

Areas for improvement identified at the last inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 outstanding areas for improvement from previous inspections

Areas of improvement identified at previous care inspection have been reviewed. All of the areas for improvement were met.

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There were no areas for improvement identified as a result of the last medicines management inspection.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

We spoke with the residents and we were informed that they felt safe in the home and that there were sufficient staff on duty. The residents further advised that if they required assistance, all they have to do is ask and it would be provided in a timely manner; day or night. Discussion with the staff on duty confirmed they were satisfied with the staffing arrangements in the home and that the planned staffing levels were maintained. The manager confirmed the staffing levels in the home and advised that they are reviewed in accordance with the needs and dependencies of the residents. During the inspection we saw that residents' needs were met in a prompt, compassionate manner.

A review of the duty rota confirmed that the manager's hours were recorded and that it accurately reflected the staff working in the home. Rotas also confirmed that catering and housekeeping were on duty daily to meet the needs of the residents and to support the care staff. The person in charge of the home in the absence of the manager was identified. We reviewed two staff competency and capability assessments and found these were completed for any person in charge of the home in the absence of the manager.

We reviewed two staff recruitment records and confirmed that the appropriate pre-employment checks had been completed prior to the staff member commencing in post. All staff were properly vetted and suitable to work with the residents in the home.

A review of two induction records confirmed that there was a structured orientation and induction programme in place upon commencement of employment in the home. Staff spoke positively in relation to the induction process. New staff were supervised by senior staff, they received their full mandatory training before they started their duties and they were registered with their professional body, the Northern Ireland Social Care Council (NISCC). We saw that a system of audit was in place to monitor staff registration with NISCC.

Staff also told us that they received supervision every six months or more often if necessary and an annual appraisal. A review of the planned schedule for appraisals confirmed this to be accurate.

We looked at the training records to make sure that staff had been given the core training they needed to do their jobs safely. We could see that staff either had the training, or if it was out of date, there was a plan in place for staff to get the training. The manager told us that the care staff got training in all of the core areas every year and that all staff attended a fire drill at least annually.

We discussed adult safeguarding and were assured that the policy was current and in place and that staff had a good understanding of reporting arrangement. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing.

A review of the records of staff training confirmed that training in adult safeguarding was provided for all staff. Discussion with the manager, review of accidents and incidents notifications, care records and complaints confirmed there was no current safeguarding in the home. The manager was able to describe how safeguarding referrals would be made to the relevant trusts, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations.

A general walk around the home was undertaken. The home was found to be warm and clean. Bedrooms were tastefully personalised with photographs and personal items. There were no malodours identified. A recent programme of redecoration was completed in the home.

There was a communal lounge for the use of residents on the ground floor along with a dining room and a conservatory. All fire exits were free from obstruction. Furniture in bedrooms and communal areas was in good repair.

The manager told us about the arrangements in place to make sure that the home was kept clean and free, as far as possible, from any outbreaks of infection. We could see from training records that all staff had received training in infection prevention and control (IPC) in line with their roles and responsibilities. Staff told us how they used gloves and aprons to keep their hands and clothing clean to reduce the risk of spreading infection. We spoke with a member of domestic staff who told us about the daily cleaning schedule.

There was a fire safety risk assessment in place dated 30 January 2019. Review of records confirmed that weekly fire drills were completed and fire safety checks of emergency lighting, fire equipment were undertaken in agreement with the fire risk assessment.

Comments made by residents and staff during the inspection were:

- “I feel safe in here.” (resident)
- “I am getting my bedroom painted, I have already got a new duvet and curtains.” (resident)
- “The staffing levels are fine; there are enough staff on duty.” (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, and the home’s environment.

Areas for improvement

No areas for improvement were identified during the inspection in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

We reviewed three care records they included an up to date assessment of needs, risk assessments, care plans and a daily statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. The care records reviewed also reflected the multi-professional input into the residents’ health and social care needs and were updated regularly to reflect the changing needs of the individual residents.

It was noted in care records where some residents required the use of an alarm mat to let staff know that the resident had left their bed. Whilst there was a care plan in place which detailed the need for and management of the alarm mat; there was no evidence of consent being obtained. This was identified as an area for improvement.

Following review of one care record it was identified that this resident was assessed as requiring a nursing home placement. This resident is currently being cared for in the home, with significant support provided by the community district nursing team. Discussion took place with the manager to ensure this is progressed in a timely manner as the assessment had indicated.

We saw and staff confirmed that a person centred approach underpinned practice. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work. A member of staff said, “There is a great team of staff and we get to know the residents very well.”

The manager told us about falls management in the home and we were assured that the procedure and practice was good. The manager completes an audit of accidents or incidents in the home each month which includes falls. This looks for any patterns or trends and considers actions to reduce the likelihood of further falls happening. The manager and staff were aware of how they could get professional advice from medical or trust staff.

A varied and nutritious diet was provided to meet the dietary needs and preferences of the residents. There were systems in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians and speech and language therapists (SALT) as required. Guidance and recommendations provided by dietitians and SALT were reflected within the individual resident's care plans and associated risk assessments.

We could see that the dining room was spacious and clean. Staff and residents were able to describe how alternative choices were available if residents wished. We could see that the portion sizes at lunch time were good and there was a variety of cold drinks available. The lunch service was relaxed but well organised. The residents said that they enjoyed the food in the home.

Comments made by residents and staff during the inspection were:

- "The food is really good and we always get a choice. You can get tea or coffee anytime you want." (resident)
- "The food is lovely." (resident)
- "This is a really good home to work in. There is good teamwork and all the staff team work well together." (staff)
- "This is a brilliant staff team. We all help each other out." (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping and communication between residents and staff.

Areas for improvement

One area for improvement was identified to ensure consent is obtained for the use of alarm mats.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care compassionate?

Residents and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

We observed that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents easily interacting with staff. Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to. The manager confirmed that the staff in the home promoted a culture and ethos that supported the values of dignity and respect.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs were met within the home; for example, residents can attend their preferred place of worship if they so wish. Information was displayed in the home for residents for example regarding the daily menu. Residents could also make choices on a daily basis regarding their preferences at meal times.

We could see that residents' wishes, interests and preferences were reflected in care records, for example, there was information about what activities each resident would like to do and residents' daily routines were recorded. We also saw that the care records noted preferences such as what time residents liked to get up or go to bed, whether they liked to be checked during the night, how they like to be helped with care and how they choose what to wear.

We were advised by residents that they were listened to, valued and communicated with in an appropriate manner. We were further advised by residents that their opinions were taken into account in all matters affecting them.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were supported both inside the home and in the local community to maintain a good quality of life. One relative commented, "The staff are all so helpful, they have brought (resident) on so much. There is good communication between the staff and the family. This is just like a big family and we are all part of it."

Comments made by residents and staff during the inspection were:

- "I am so happy in here. The staff are really good to me." (resident)
- "The staff are really nice. They look after me really well." (resident)
- "This is such a homely atmosphere; the residents are all happy. There is a good standard of care provided." (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing resident and their representatives and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Staff in the home described the manager as supportive and approachable. The manager described how the focus of care in the home was to support the residents as best as possible.

The manager confirmed there were a number of managerial audits completed in the home on a regular basis including, environmental audits, care records, accidents and incidents and complaints. The manager advised any areas for improvement identified as a result of the audits were actioned appropriately. The manager maintains oversight in the home of staff supervision, annual appraisals and staff training to ensure staff are equipped to do their jobs. The manager confirmed that systems are in place to ensure the safety of the home, for example, that all fire checks are completed.

We reviewed the system in place to deal with complaints raised by residents, their family members or others. Residents told us that they knew how to make a complaint and staff shared that they would not hesitate to raise issues with the manager, if needed. We looked at the records of complaints since the last inspection. It was noted that there was no record maintained of the action taken, the outcome of the complaint or the communication with the complainant. This was identified as an area for improvement.

We reviewed the system in place for notifying next of kin, RQIA, the trusts and any other relevant parties of any accidents or incidents in the home. Records reviewed were found to be reported appropriately.

There was a training matrix in place which showed completion of mandatory training and other additional training related to resident's needs. Best practice guidance, for example the International Dysphagia Diet Standardisation Initiative (IDDSI), was shared with the staff team and was used in the home for the benefit of residents.

The manager advised there were regular staff meetings and that information was shared with the staff team about any issues arising. Records available in the home confirmed this.

The home was visited by the registered provider's representative. We looked at the reports of these visits from January to April 2019. It was noted that there was no evidence of a visit being completed in January or April 2019. The manager advised that such visits were completed early in the following month. This was identified as an area for improvement to ensure these visits are completed on a monthly basis.

The records of these visits confirmed that all aspects of the running of the home were reviewed, analysed and evaluated. The reports showed evidence of engagement with residents, and staff to get their views on the care in the home; as well as reviewing complaints and information relating to accidents and incidents, safeguarding, the environment and a selection of records maintained in the home. Where any improvements could be made, these were documented in a way that they could be tracked until they had been satisfactorily completed.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Comments made by staff during the inspection were:

- "There is excellent support from management. If you had a problem you could go to the manager or the responsible individual." (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and maintaining good working relationships.

Areas for improvement

The following areas were identified for improvement in relation to the management of complaints and the monthly monitoring visits.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Carmel Rodgers, registered manager, 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 residential care 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 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.

Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards 2011	
Area for improvement 1 Ref: Standard 10.3 Stated: First time To be completed by: 30 June 2019	The registered person shall ensure that written consent is obtained for the use of pressure alarm mats. Ref: 6.3
	Response by registered person detailing the actions taken: Next of Kin signed consent forms for pressure alarm mats to be used.
Area for improvement 2 Ref: Standard 17.10 Stated: First time To be completed by: 31 May 2019	The registered person shall ensure that records of all complaints include: <ul style="list-style-type: none"> communications with complainants' actions taken result of any investigations. Ref: 6.6.
	Response by registered person detailing the actions taken: Although the complaint was not directed at Granard. Complainant had felt their relative had put on excess weight while in hospital. Complainant was happy with relative joining slimming club and encouraged to eat healthy, Food advised by slimming club were purchased for relative to help him keep to diet plan.
Area for improvement 3 Ref: Standard 20.11 Stated: First time To be completed by: 30 June 2019	The registered person shall ensure that the monthly monitoring visits undertaken on behalf of the registered provider are completed on a monthly basis. Ref: 6.6.
	Response by registered person detailing the actions taken: Monthly monitoring visits are completed on a monthly basis.

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

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