

Inspection Report

1&7 July 2021



Granard

Type of Service: Residential Care Home
Address: 12 Hospital Road, Omagh, BT79 0AN
Tel no: 028 8224 1143

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: East Eden Ltd Responsible Individual: Dr Una McDonald	Registered Manager: Mrs Carmel Rodgers Date registered: 11 March 2014
Person in charge at the time of inspection: Mai Devlin	Number of registered places: 26 one identified individual – RC- I 1 resident to be accommodated in category of care – RC-PH
Categories of care: Residential Care (RC) MP(E) - Mental disorder excluding learning disability or dementia – over 65 years I – Old age not falling within any other category MP – Mental disorder excluding learning disability or dementia LD – Learning disability LD(E) – Learning disability – over 65 years DE – Dementia PH – Physical disability other than sensory impairment.	Number of residents accommodated in the residential care home on the day of this inspection: 25
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 26 residents. The home includes an eight bedded unit on the ground floor which provides care for people living with dementia. Residents have access to communal living areas, dining room, and an attractive outdoor seating area. All bedrooms are single occupancy.	

2.0 Inspection summary

An unannounced inspection took place on 1 July 2021 from 11.00 to 16.45 by a care inspector and continued on 7 July 2021 from 10.45am to 2.15 pm by a finance inspector.

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.

The home was warm, clean and tidy, residents looked well and spoke positively about living in the home. We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the management team.

It was evident that residents were comfortable and relaxed in the environment. Staff promoted the dignity and well-being of residents as observed through observations of staff interactions with residents.

Staff were knowledgeable and well trained to deliver safe and effective care. Staff showed compassion to residents through interactions observed.

Areas requiring improvement were identified in relation to decluttering an identified shower room and ensuring the availability of complaints records.

Residents said that living in the home was a good experience.

RQIA were assured that the delivery of care and service provided in Granard Residential Care Home was safe, effective, compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

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

3.0 How we inspect

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

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

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

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

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mia Devlin, deputy manager at the conclusion of the inspection.

4.0 What people told us about the service

Feedback from eighteen residents spoken with was positive in relation to their life in the home and their relationships with staff. Residents confirmed they were comfortable in the home environment and also enjoyed accessing community events where possible. Staff shared positive comments with regards to working in the home and confirmed the manager was approachable and supportive.

5.0 The inspection

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

Areas for improvement from the last inspection on 27 April 2021		
Action required to ensure compliance with The Residential Care Home Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that the maximum and minimum refrigerator temperatures are accurately monitored each day. Corrective action must be taken if temperatures outside the accepted range are observed.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	

Area for improvement 2 Ref: Regulation 13 (4) Stated: First time	The registered person shall implement a robust audit which covers all aspects of the management of medicines. Action plans to address any shortfalls should be implemented and addressed.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time	The registered person shall review the management of medicines on admission to ensure that personal medication records, medication administration records and records of medicine received into the home are accurately maintained.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for improvement 4 Ref: Regulation 20 (1) (c) Stated: First time	The registered person shall ensure that all staff who manage medicines receive additional training and competency is assessed.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Action required to ensure compliance with Residential Care Homes Minimum Standards (2011)		Validation of compliance
Area for Improvement 1 Ref: Standard 31 Stated: First time	The registered person should ensure that personal medication records are up to date and verified and signed by two trained members of staff.	Carried forward to the next inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

Area for Improvement 2 Ref: Standard 31 Stated: First time	<p>The registered person shall ensure that the medication administration records are accurately maintained and that hand-written updates are verified and signed by two members of staff.</p> <p>Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection
Area for improvement 3 Ref: Standard 6 Stated: First time	<p>The registered person shall review the management of distressed reactions to ensure that:</p> <ul style="list-style-type: none"> • care plans contain sufficient detail to direct the required care • the reason for and outcome of each administration are recorded. <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection
Area for improvement 4 Ref: Standard 30 Stated: First time	<p>The registered person shall review the management of insulin to ensure that:</p> <ul style="list-style-type: none"> • cares plans are up to date • the actual dose administered is recorded. <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>	Carried forward to the next inspection

Area for improvement 5 Ref: Standard 6 Stated: First time	The registered person shall ensure the identified residents care plan is reviewed and updated to reflect how the identified condition is managed.	Met
	Discussion with the deputy manager and review of the identified residents care record showed that it had been reviewed and updated to reflect how the condition was managed.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job. Staff had completed training in relation to dementia awareness, in addition mandatory training was maintained on an up to date basis.

Staff said there was good team work and that they felt well supported in their role, they were satisfied with the staffing levels and the level of communication between staff and management. One staff member shared their view that everyone in the team worked well together and that the manager was very supportive to the staff.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff told us that there was enough staff on duty to meet the needs of the residents. The deputy manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example, some residents spent time relaxing outdoors, whilst others were observed reading and engaging in conversation.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents said staff were very good and were always available and would respond promptly if needed.

Assurances were provided that staffing arrangements in the home were safe and effective and that staff conducted their work in a safe and professional manner.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. For example the home supports a number of people with dementia, staff were observed taking their time to communicate individually with the residents giving ample time for residents to share their views.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity for residents to socialise; the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Staff explained that there were specific arrangements in place for one resident to have their lunch earlier in the day as they preferred. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

There was evidence that residents' needs in relation to nutrition and the dining experience were being met, weights were checked at least monthly to monitor weight loss or gain. Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet. Residents confirmed that they were happy with the food choices available in the home.

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

Care records were maintained on an up to date basis to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily evaluation records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. The person in charge confirmed annual reviews were ongoing and any changes were communicated with relevant professionals.

There were systems in place to ensure safe care delivery and record keeping.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy and well maintained.

Residents' bedrooms were personalised with items important to them. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. It was noted that an identified shower room was cluttered with excess equipment and bins therefore making it difficult to access both the shower and the toilet. This issue was discussed with the person in charge. An area for improvement was identified.

Residents had access to a pleasant outdoor seating area which was easily accessible. Residents confirmed they were happy with the environment and that it was maintained to a good standard.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks. There was an up to date fire safety risk assessment which was completed in February 2021. No recommendations were made.

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

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. Staff were observed cleaning frequent touch points throughout the day.

Visiting arrangements were managed in line with DoH and IPC guidance.

There were systems in place to manage the safety of the environment and ensure the risk of an outbreak of infection was reduced or minimised. One area for improvement was identified in relation to decluttering an identified shower room.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, some residents liked to go to the local shops, whilst others like to go for walks in the local area. The person in charge advised relevant risk assessments had been completed to help support residents to access local community events and services. Residents were aware of IPC measures to use whilst accessing community events and services and had a good understanding of how to reduce risks of infection when outside of the home.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options available, and where and how they wished to spend their time.

There was a range of activities provided for residents by staff which included armchair yoga, quizzes, arts and crafts as well as opportunities to attend community events. One resident shared that they missed attending a local men's shed group as it had been cancelled due to the pandemic, but that they still had the opportunity to make and craft items within the home.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting arrangements were in place as stated in section 5.2.3 and residents could avail of up to three visits per week in the comfort of their own rooms or spend time out of the home with family. Relevant risk assessments had been completed for each resident in relation to ensuring safe visiting procedures.

Residents said they had regular opportunities to participate in events and activities.

There were systems in place to ensure residents had access to opportunities to enhance quality of life and staff promoted this culture and ethos within the home.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Carmel Rodgers has been the manager in this home since 2014.

There was evidence that a regular system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Staff spoken with said that they knew how to report any concerns and said they were confident that the manager would address these accordingly. Staff were also aware of the homes whistleblowing policy.

The home had received a large number of compliments including messages and cards with words of thanks and appreciation for the work being done in the home. The person in charge confirmed that the messages were shared with staff to encourage them in their roles.

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

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

Complaints records were not available upon request. The importance of these records being accurately maintained and available for review at all times was discussed with the person in charge. An area for improvement was identified.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance. One staff member shared their view that the home "was a fabulous place to work" and that they "love coming to work and the manager is very approachable and very supportive".

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

There were systems in place to ensure effective monitoring of the quality of the service provided. There was a clear organisational structure in place and staff were aware of their roles within the structure.

5.2.6 Findings from finance inspection

A safe place was provided within the home for the retention of residents' monies and valuables. At the time of the inspection there were satisfactory controls around the physical location of the safe place and the members of staff with access to it. Records of monies and valuables held on behalf of residents were up to date at the time of the inspection.

A bank account was in place to retain residents' monies. A sample of statements from the bank account was reviewed, the account only contained residents' monies and was not used for the running of the care home. A sample of withdrawals identified from the bank statements was reviewed; the amounts withdrawn reflected the amounts recorded as lodged at the care home on behalf of residents.

Comfort fund monies were held on behalf of residents. These are monies donated to the home for the benefit of all residents. Records of monies held within the fund were up to date at the time of the inspection.

A sample of records evidenced that reconciliations (checks) of the monies and valuables held on behalf of residents were undertaken on a monthly basis. Records were signed by both the administrator and the manager.

Copies of three residents' written agreements were reviewed. The agreements set out the terms and conditions for residing at the home. The agreements included the details of the current weekly fee paid by, or on behalf of, the residents and a list of services provided to residents as part of their weekly fee. A list of services available to residents at an additional cost such as hairdressing and podiatry was also included within the agreements. The

agreements were signed by the resident, or their representative and a representative from the home.

Records of fees received on behalf of two residents were reviewed; the amounts received reflected the weekly fees listed in the residents' agreements. The manager confirmed that no resident was paying an additional amount towards their fee over and above the amount agreed with the health and social care trusts.

An appointee was in place for eight residents, i.e. a person authorised by the Department for Communities (DfC) to receive and manage the social security benefits on behalf of an individual. Copies of written confirmation from the DfC for the member of staff to act as appointee were available for inspection. Staff told us that an agent was in place for five residents i.e. a person authorised by a resident or their representative to collect social security benefits on the resident's behalf.

Records of the benefits received on behalf of two residents were reviewed. The records were up to date and confirmed that the benefits received were managed appropriately.

A sample of purchases undertaken on behalf of residents was reviewed. The records were up to date at the time of the inspection. Two signatures were recorded against each entry in the residents' records and receipts were available from each of the purchases reviewed. Written authorisation from residents or their representatives for members of staff to undertake transactions on behalf of residents were available for inspection.

A sample of records of payments to the hairdresser and podiatrist were reviewed. Records were up to date and signed by both the hairdresser and podiatrist. The records were also countersigned by a member of staff to confirm that the treatments took place.

A sample of records of monies deposited at the home on behalf of residents was reviewed. Records were up to date at the time of the inspection. Receipts were provided to the person depositing the monies on behalf of the resident.

A vehicle was available for residents to make journeys from the home. The manager told us that residents were not charged for the use of the vehicle.

A sample of two residents' property records evidenced that the records were updated when either additional items were brought into residents' rooms or if items were disposed of. The records were checked and signed by two members of staff at least quarterly.

Records of staff training in relation to resident's finances were available for inspection. Staff involved with residents' finances had also received adult safeguarding training. Policies and procedures for the management and control of residents' finances were available for inspection. The policies were readily available for staff use. The policies were up to date and reviewed at least every three years.

No areas for improvement were identified during the finance inspection.

6.0 Conclusion

Residents were observed to be clean and tidy in their appearance with obvious time being taken by staff to attend to their needs. Interactions between staff and residents were warm and friendly. There was evidence of multi professional working to meet the needs of residents in the home. Overall the environment was clean and tidy. There were clear governance arrangements in place to ensure the regular monitoring of the quality of care provided. RQIA were assured that the service is providing safe and effective care in a caring and compassionate manner and that the service is well led.

Two new areas for improvement were identified these related to ensuring the identified shower room was decluttered and to ensure the availability of complaints records in the home.

As a result of the finance element of the inspection, RQIA was assured that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager in relation to residents' finances.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations(Northern Ireland) 2005** and **The Residential Care Homes' Minimum Standards (August 2011)**

	Regulations	Standards
Total number of Areas for Improvement	4*	6*

* The total number of areas for improvement includes four under the regulations and four under the standards regarding medicines management which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mia Devlin, deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13.(4) Stated: First time To be completed by: From the date of the inspection	The registered person shall ensure that the maximum and minimum refrigerator temperatures are accurately monitored each day. Corrective action must be taken if temperatures outside the accepted range are observed.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Regulation 13.(4) Stated: First time To be completed by: From the date of the inspection	The registered person shall implement a robust audit which covers all aspects of the management of medicines. Action plans to address any shortfalls should be implemented and addressed.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 Ref: Regulation 13.(4) Stated: First time To be completed by: From the date of the inspection	The registered person shall review the management of medicines on admission to ensure that personal medication records, medication administration records and records of medicine received into the home are accurately maintained.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 4 Ref: Regulation 20.1.(c) Stated: First time To be completed by: 28 May 2021	The registered person shall ensure that all staff who manage medicines receive additional training and competency is assessed.
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 31 Stated: First time To be completed by: From the date of the inspection	The registered person should ensure that personal medication records are up to date and verified and signed by two trained members of staff.
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Standard 31 Stated: First time To be completed by: From the date of the inspection	The registered person shall ensure that the medication administration records are accurately maintained and that hand-written updates are verified and signed by two members of staff.
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 Ref: Standard 6 Stated: First time To be completed by: From the date of the inspection	The registered person shall review the management of distressed reactions to ensure that: <ul style="list-style-type: none"> care plans contain sufficient detail to direct the required care the reason for and outcome of each administration are recorded. The registered person shall ensure the identified residents care plan is reviewed and updated to reflect how the identified condition is managed.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 4 Ref: Standard 30 Stated: First time To be completed by: From the date of the inspection	The registered person shall review the management of insulin to ensure that: <ul style="list-style-type: none"> cares plans are up to date the actual dose administered is recorded.
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.

Area for improvement 5 Ref: Standard 27 Stated: First time To be completed by: 2 July 2021	<p>The registered person shall ensure that the identified shower room is decluttered thus ensuring easy access for resident use.</p> <hr/> <p>Response by registered person detailing the actions taken: Equipment in Bathroom has now been disposed of.</p>
Area for improvement 6 Ref: Standard 17.10 Stated: First time To be completed by: 2 July 2021	<p>The registered person shall ensure that records are kept of all complaints and these include details of all communications with complainants, the result of any investigations and the action taken.</p> <hr/> <p>Response by registered person detailing the actions taken: A new complaints book has been commenced.</p>

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