

Unannounced Care Inspection Report 1 October 2020



Granard

Type of Service: Residential Care Home (RCH)

Address: 12 Hospital Road, Omagh BT79 0AN

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Inspector: Bronagh Duggan

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 residential care home registered to provide residential care for up to 26 residents.

3.0 Service details

<p>Organisation/Registered Provider: East Eden Ltd</p> <p>Responsible Individual: Una McDonald</p>	<p>Registered Manager and date registered: Carmel Rodgers</p> <p>registered 11/3/2014</p>
<p>Person in charge at the time of inspection: Carmel Rodgers</p>	<p>Number of registered places: 26</p> <p>RC-I for one identified individual. A maximum of 1 resident to be accommodated in category of care RC-PH.</p>
<p>Categories of care: Residential Care (RC) I – Old age not falling within any other category. 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. PH – Physical disability other than sensory impairment.</p>	<p>Number of residents accommodated in the residential home on the day of this inspection: 23</p>

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- Staffing
- Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)
- Environment
- Care delivery
- Care records
- Governance and management

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

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Carmel Rodgers, manager, as part of the inspection process. The timescales for completion commence from the date of inspection. * Two areas for improvement have been carried forward from the previous medicines management inspection on 22 October 2019.

Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

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

During the inspection the inspector met with 20 residents, six staff and the manager. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Tell Us' cards which were then placed in a prominent position to allow residents and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision. Five completed questionnaires were returned within the identified timescale, respondents all indicated that they were either satisfied or very satisfied with the care provided in the home.

The following records were examined during the inspection:

- Staff duty rota
- Three care records
- Accident and incidents records
- Compliments and complaints
- Staff NISCC registration information
- Monthly monitoring reports
- A selection of quality assurance audits
- Certificate of registration

Areas for improvement identified at the last care 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 areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced medicines management inspection undertaken on 22 October 2019.

The quality improvement plan from the medicines management inspection was not reviewed at this inspection. This will be reviewed at a future inspection.

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 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 care 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 will be carried forward to the next care inspection.	
Area for improvement 2 Ref: Standard 31 Stated: First time	The registered person shall ensure that the medication administration records are accurately maintained and that hand-written updates are verified and signed by two member of staff.	Carried forward to the next care 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 will be carried forward to the next care inspection.	

6.2 Inspection findings

We arrived at the home at 10.00 the manager was in charge of the home. We discussed with the manager staffing levels for the home. Staff duty rotas for the period of 21 September 2020 until 4 October 2020 were reviewed. The duty rota accurately reflected the staff on duty on the day of inspection and highlighted the person in charge in the manager's absence.

During discussion staff confirmed there was stable staffing arrangements in place, this was reflected on the duty rota. There were no concerns raised by staff regarding staffing levels in the home. Observations made during the inspection showed residents' needs were being met, there were no concerns observed with regards to staffing levels in the home.

Staff spoke positively about their experiences of working in the home. Staff confirmed they were aware of the reporting arrangements and who to speak with if they had any concerns. Staff spoken with confirmed there was good team working and they were aware of the individual needs of residents.

Comments received from staff included:

- "I am happy here, the staffing levels are really good, the manager is very supportive, she helps the staff."
- It is a great place I love working here. The staffing levels are good, no issues. The manager is very supportive. It is a well-run home."
- Staffing is good, no problems. The manager is very good, I would be happy to approach her if I had any questions. I am very happy here, it is a good place to work."
- The manager is fantastic, very supportive. I feel we have everything we need. Staffing levels are good, there is not usually any sickness. We have all worked together."

6.2.2 Infection Prevention and Control (IPC) and Personal Protective Equipment (PPE)

Information was displayed at the entrance to the home regarding the current guidance on Covid 19; signage was also displayed throughout the home regarding handwashing technique. The inspector's temperature was checked and recorded before entering the home; in addition they had to respond to a number of questions in relation to Covid 19 status.

The manager advised everyone's temperature was checked and relevant information recorded prior to admission to the home. The manager confirmed all residents and staff had temperatures taken twice daily. PPE supplies and hand sanitization were available throughout the home. Discussion with staff confirmed there was a good supply of PPE available. Staff were observed using PPE appropriately in accordance with current guidance.

During discussions with staff they were aware of what to do and how to reduce or minimise the risk of infection. Staff confirmed there were enhanced cleaning schedules in place which included regular cleaning of touch points throughout the home to minimise the risk of infection spread. Staff were observed cleaning touchpoints at various intervals throughout the day.

We observed staff carrying out hand hygiene appropriately, and changing PPE as required.

6.2.3 Environment

During a walk around the home it was found to be warm, clean and tidy. No malodours were identified. Areas inspected included two communal living areas, dining room, bathrooms, toilet areas and a sample of residents' bedrooms. We found resident bedrooms were nicely decorated and reflected the individual styles and interests of residents. The manager advised there were plans in place to fit some new flooring in the home however this work had been put on hold with the COVID 19 situation. The manager confirmed the work would commence when it was assessed as being safe to do so.

Residents also had access to an outdoor patio area that contained outdoor seating and tables. Residents confirmed they would frequently access the area and enjoyed the opportunity to relax outdoors.

6.2.4 Care delivery

We observed staff practice in the home; interactions with residents were warm and friendly. Staff showed good knowledge of residents' individual needs. Residents were well presented with obvious time and attention given to their personal care. Staff referred to residents by name and showed that they were aware of their personal preferences.

The manager advised there had been a significant amount of work done with the residents in promoting their awareness and understanding about the Covid 19 situation and what they themselves could do to minimise the risk of catching or spreading the infection. The manager also advised there was a strong focus on promoting in house activities and events as many of the residents were directly impacted by restrictions introduced as a result of the response to COVID 19.

A number of residents participated in a relaxation and yoga session during the morning, in addition other residents were observed listening to music and participating in an arts and crafts session. A music session was also arranged for residents during the afternoon. The activities schedule for the home was displayed in a prominent area.

Throughout the day some residents were observed relaxing in their bedrooms, while others rested in the communal sitting rooms, or on seating throughout the general areas. Residents appeared comfortable; staff were observed as being available throughout the day to meet their needs.

Comments from residents during discussion included:

- "It is very good (here) the staff are very good."
- "It is a good place, Carmel is great, can't do enough for you. I am happy with my room, my bed is very comfortable, I just got a new cover for it."
- "I like it, couldn't speak more highly of it."
- "I am getting on the best."
- "They (staff) are very good."

The manager outlined the visiting arrangements in place, which included allocated visiting times, the home had created a specific visiting area that had been risk assessed which included the use of a per specs screen and adequate PPE and hand sanitiser was also made available

for visitors. Residents were also supported to maintain contact with relatives through phone calls and video technologies. The manager advised visiting arrangements were being monitored and risk assessed on an ongoing basis.

6.2.5 Care records

A sample of three care records was reviewed; review of records showed that they included admission information, an assessment of needs, risk assessments, care plans and regular evaluation records. Records reflected the individual preferences of residents including, for example, food and activity preferences and preferred rising and retiring times.

We could see the care records were reviewed and updated on a regular basis or as any changes occurred. One area for improvement was identified in relation to one of the care records so that it was reviewed and updated to ensure it reflected how a condition was managed for an identified resident.

6.2.6 Governance and management arrangements

The manager confirmed she retains oversight of the home. Staff spoken with confirmed they felt well supported during recent months by the management and confirmed they were kept informed of changes regarding the COVID 19 situation as it happened. Information relating to COVID 19 was stored in a central part of the home accessible to all staff.

We reviewed a sample of audits which were completed on a regular basis including care, environment, medication, and general housekeeping practices. Where actions were identified, there was evidence to show when they had been addressed. There was a system in place regarding the reporting of notifiable events. Review of the records showed that these were effectively documented and reported to other relevant organisations as necessary with one exception that should have been forwarded to RQIA. This issue was discussed with the manager, the notification was forwarded to RQIA retrospectively following the inspection.

A review of staff NISCC information showed there was a system in place to monitor staff registration and this was reviewed on a regular basis. There was a system in place regarding the management of complaints.

A visit by the registered provider's representative was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The reports for July, August and September 2020 were reviewed. The reports included action plans and records showed when the actions identified had been addressed. The homes certificate of registration was displayed appropriately.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to team work, interactions between residents and staff, promoting individual interests of residents, and the completion of regular audits.

One area for improvement was identified during the inspection this related to the review and updating of a care plan for an identified resident.

	Regulations	Standards
Total number of areas for improvement	0	1

6.3 Conclusion

Residents looked well cared for and spoke positively about living in the home. Staff were supporting residents to maintain good communication with relatives and to be actively involved in events arranged within the home.

We recognised that the home has been affected by the COVID 19 situation and the efforts of staff in dealing with this challenge were commended.

One new area for improvement was identified as a result of this inspection.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Carmel Rodgers, 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 home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

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

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 31 Stated: First time To be completed by: 22 November 2019	<p>The registered person should ensure that personal medication records are up to date and verified and signed by two trained members of staff.</p> <p>Ref: 6.1</p>
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 2 Ref: Standard 31 Stated: First time To be completed by: 22 November 2010	<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 member of staff.</p> <p>Ref: 6.1</p>
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.
Area for improvement 3 Ref: Standard 6.6 Stated: First time To be completed by: 3 October 2020	<p>The registered person shall ensure the identified residents care plan is reviewed and updated to reflect how the identified condition is managed.</p> <p>Ref: 6.2.5</p>
	Response by registered person detailing the actions taken: Residents care plans have now been reviewed and updated and now reflect how their identified condition is managed.

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



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