



The Regulation and
Quality Improvement
Authority

Granard
RQIA ID: 1153
12 Hospital Road
Omagh
BT79 0AN

Inspector: Laura O'Hanlon
Inspection ID: IN022225

Tel: 02882241143
Email: Granard@easteden.co.uk

**Unannounced Care Inspection
of
Granard**

3 November 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of inspection

An unannounced care inspection took place on 3 November 2015 from 10.15 to 16.00. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. The standard we inspected was assessed as being met. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards (2011).

1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/enforcement resulting from this inspection

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

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with Carmel Rodgers, registered manager. The timescales for completion commence from the date of inspection.

2. Service details

Registered Organisation/Registered Person: Dr Brendan McDonald	Registered Manager: Mrs Carmel Rodgers
Person in Charge of the Home at the Time of Inspection: Carmel Rodgers	Date Manager Registered: 11/03/2014
Categories of Care: RC-LD, RC-LD(E), RC-DE, RC-MP	Number of Registered Places: 26
Number of Residents Accommodated on Day of Inspection: 23	Weekly Tariff at Time of Inspection: £470 - £528

3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard has been met:

Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

4. Methods/processes

Prior to inspection we analysed the following records: the previous inspection report and notifications of incidents and accidents.

We met with seventeen residents, three care staff and the registered manager.

We inspected the following records: five care records, accident / incident reports, registered provider visits, record of residents meetings and fire safety records.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 25 June 2015. No QIP was issued.

5.2 Review of requirements and recommendations from the last Care inspection

No requirements or recommendations resulted from the last inspection.

5.3 Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

Is care safe? (Quality of life)

The registered manager confirmed that residents' views are taken into account in all matters affecting them in so far as practically possible.

Through discussion with the residents they reported to us that their views were actively sought and incorporated into practice. An example of this was in regard to a resident who was interested in drama. The manager and staff arranged for the resident to attend drama classes.

The residents and staff confirmed that they had a residents meeting on the 11 October 2015. Their views and wishes were actively sought and recorded in regard to planning a Halloween party. A record of this meeting was available during the inspection.

Residents meetings were convened every month to plan and discuss activities, food provision and address any areas of concern. An action plan was devised following each meeting to address the requests of the residents.

Four out of five care records inspected in regard to this standard, demonstrated to us that records were up to date and kept under continual review to reflect the changing needs and

preferences of the resident. One care record had not been updated to reflect the changes in health status. A recommendation was made to address this.

Is care effective? (Quality of management)

We found that there was a range of methods and processes in place where residents' and their representatives' views were sought. These were reflected within the care management reviews, record of residents meetings and the registered provider monthly visits. The manager confirmed that there was an open door policy within the home for residents and relatives who wished to highlight any issues.

Copies of review forms were present within each care record. Residents were present and participated in their care management review.

Is care compassionate? (Quality of care)

Discussion with staff demonstrated that they were knowledgeable about residents needs and a person centred approach was adopted. In our discussions with staff we identified that residents were listened and responded to by staff.

Staff shared with us examples of how they incorporate their knowledge of values in to their practice with residents. This included knocking on doors before entering, asking residents what they want to wear each day, seeking their preferences at meal-times and when they would like assistance to have a shower or get dressed.

In our discreet observations of care practices we confirmed that residents were treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

Areas for improvement

One area of improvement was identified within the standard inspected. This standard was assessed as being met.

Number of requirements:	0	Number of recommendations:	1
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5.4 Additional areas examined

5.4.1 Residents views

We met with seventeen residents. In accordance with their capabilities, residents expressed that they were happy and content with their life in the home. They expressed their satisfaction with the facilities and services provided and their relationship with staff.

The residents all discussed the Halloween festivities which occurred in the home. We observed some of the female residents having nail therapy. Some comments made were;

- "I love it in here"
- "I get the weekly papers"
- "I love it in here, the food is good"

5.4.2 Staff views

We spoke with three care staff members individually, in addition to the registered manager. Staff advised us that they felt supported in their respective roles. The staff related that they had been provided with the relevant resources to undertake their duties. Staff demonstrated to us that they were knowledgeable of the needs of individual residents. The staff all praised the support provided by the home manager. Some comments made by staff were:

- “The care here is excellent, it’s a good environment to work in”
- “Everyone tries to help the residents, we make sure our residents are happy”
- “The care here is excellent, the residents are well looked after”

5.4.3 Environment

We found that the home presented as clean, organised and adequately heated. We observed residents’ bedrooms to be homely and personalised. Décor and furnishings were found to be of a good standard.

5.4.4 Care practices

We found the atmosphere in the home was friendly and welcoming. We observed staff to be interacting with residents in a respectful, polite, warm and supportive manner. We noted residents were well dressed with good attention to personal detail.

5.4.5 Fire safety

We confirmed that the home’s most recent fire safety risk assessment was dated 18 November 2014.

We reviewed the fire safety records and could confirm that fire safety training was carried out in April 2015 and October 2015. The records indicated that the last fire drill took place on 31 October 2015.

5.4.6 Accident /incident reports

We reviewed the reports of accidents and incidents. We found these to be appropriately managed and reported.

Areas for Improvement

There were no areas of improvement identified within the additional areas examined.

Number of requirements	0	Number recommendations:	0
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6 Quality Improvement Plan

The issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Carmel Rodgers, registered manager. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 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.

6.1 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, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

6.3 Actions taken by the Registered Manager/ Registered Person

The QIP should be completed by the registered person/ registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained in this report do not absolve the registered provider/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Recommendations			
Recommendation 1 Ref: Standard 5.5 Stated: First time To be completed by: 30 November 2015	The registered person should ensure that a current needs assessment is undertaken for one identified resident. This should then be reflected within the care plan and risk assessment.		
	Response by Registered Person(s) detailing the actions taken: An up-to-date needs assessment was completed on the 03/11/15 which is now reflected in the residents care plan and risk assessment.		
Registered Manager completing QIP	Carmel Rodgers	Date completed	26.11.15
Registered Person approving QIP	Brendan McDonald	Date approved	26.11.15
RQIA Inspector assessing response	Laura O'Hanlon	Date approved	27.11.15

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address