

Inspection Report

19 January 2023



Granard

Type of service: Residential Care Home
Address: 12 Hospital Road, Omagh, BT79 0AN
Telephone number: 028 8224 1143

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: East Eden Limited Responsible Individual: Dr Una McDonald	Registered Manager: Mrs Carmel Rodgers Date registered: 11 March 2014
Person in charge at the time of inspection: Mrs Carmel Rodgers	Number of registered places: 26 This number includes: <ul style="list-style-type: none"> • one identified individual in category RC-I • a maximum of one resident in category of care RC-PH
Categories of care: Residential Care (RC): I – old age not falling within any other category PH – physical disability other than sensory impairment 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	Number of residents accommodated in the residential care home on the day of this inspection: 24
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 is divided in two units over two floors.	

2.0 Inspection summary

This unannounced inspection was conducted on 19 January 2023, from 9.50am to 2.45pm, by a care inspector.

The inspection assessed progress with the two 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.

These two previous areas of improvement were reviewed and found to be met.

There was safe, effective and compassionate care delivered in the home and the home was well led by the Manager.

It was evident that staff promoted the dignity and well-being of residents. Staff provided care in a compassionate manner.

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

One area requiring improvement was identified during this inspection. This was in respect of putting in place individual risk assessments and subsequent care plans for residents who smoke.

RQIA were assured that the delivery of care and service provided in Granard was safe, effective and compassionate and that the home was well led. Addressing this one area of for improvement will further enhance the safety of residents in the home.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 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 Mrs Carmel Rodgers at the conclusion of the inspection.

4.0 What people told us about the service

Residents said that they were very happy with their life in the home, their relationship with staff, the provision of meals and the provision of activities.

Staff spoke in positive terms about the provision of care, their roles and duties, teamwork, training and managerial support.

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 July 2021		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 27 Stated: First time	The registered person shall ensure that the identified shower room is decluttered thus ensuring easy access for resident use.	Met
	Action taken as confirmed during the inspection: All shower rooms were found to be free from clutter and in easy access for use.	
Area for improvement 2 Ref: Standard 17.10 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: The records of complaints were recorded appropriately.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Review of a sample of two staff members' recruitment records, confirmed evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person when the Manager was not on duty. Any member of staff who has responsibility of being in charge of the home in the absence of the Manager has a competency and capability assessment in place. These assessments are reviewed annually. This is good practice.

A check is carried out on a monthly basis to ensure all staff are up-to-date with their registration with the Northern Ireland Social Care Council (NISCC). These checks were maintained appropriately.

Staff said there was good team work and that they felt well supported in their role, were satisfied with communication between staff and management and the staffing levels.

It was noted that staff responded to the needs of the residents in a timely way; and gave provision for residents with a choice on how they wished to spend their day.

There were systems in place to ensure staff were trained and supported to do their job. Staff training records confirmed that a range of mandatory and additional training was completed by staff on a regular basis.

5.2.2 Care Delivery and Record Keeping

Staff interactions with residents were observed to be polite, friendly and warm. 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. Expressions of consent were evident with statements such as "Are you okay with..." or "Would you like to ..." when dealing with care delivery.

Care records were held confidentially. Care records were maintained which reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

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. This included any advice or recommendations made by other healthcare professionals.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. There was choice of meals offered, the food was attractively presented and portions were generous. There was a variety of drinks available. There was a nice atmosphere

with the lunchtime meal for residents to enjoy their meal. Support and assistance was organised and unhurried.

Residents' weights were checked at least monthly to monitor weight loss or gain. Records were kept of what residents had to eat and drink daily. Residents who had specialist diets as prescribed by the Speech and Language Therapist (SALT) had care plans in place which were in accordance with their SALT assessment. Staff had received training in dysphagia.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, bed rails and / or alarm mats. It was established that safe systems were in place to manage this aspect of care.

An area of improvement was identified to put in place an individualised risk assessment and subsequent care plan for those residents who smoke, particularly around the risk of burns, in accordance with current safety guidance.

Examination of records and discussion with staff confirmed that the risk of falling and falls were suitably managed. There was evidence of appropriate onward referral as a result of the post falls review.

Daily progress records were kept of how each residents spent their day and the care and support provided by staff. Any issues of assessed need had a recorded statement of care / treatment given with effect of same recorded.

The outcomes of visits from any healthcare professional were also recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout. Residents' bedrooms were personalised with items important to the resident. Communal areas were suitably furnished and comfortable. Bathrooms and toilets were clean and hygienic.

Renovation work was being undertaken in the home. This work was seen to have no obvious detrimental impact with residents' quality of life in the home, at the time of this inspection.

Cleaning chemicals were stored safely and securely.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and fire safety drills.

The home's most recent fire safety risk assessment was dated 5 April 2022. There were no recommendations made from this assessment.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control measures and the use of PPE had been provided. Staff were also seen to adhere to correct IPC protocols.

5.2.4 Quality of Life for Residents

Observations of care practices confirmed that residents were able to choose how they spent their day.

It was also observed that staff offered choices to residents throughout the day which included preferences for food and drink options.

There are monthly residents' meetings in which the food menus and activities are a standing item of agenda, as well as the running of the home.

The genre of music and television channels played was appropriate to residents' age group and tastes.

The atmosphere in the home was relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. Programmes of planned activities were in place and residents were seen to have enjoyment and fulfilment from same. Records of activities were well maintained. One resident said; "I love it here. Everything is great."

5.2.5 Management and Governance Arrangements

The Registered Manager of the home is Mrs Carmel Rodgers. The Manager had good knowledge and understanding of residents' needs and prescribed care.

Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The Manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Discussions with staff confirmed knowledge and understanding of the safeguarding policy and procedure. Staff also said that they felt confident about raising any issues of concern to management and felt these would be addressed appropriately.

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. A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly.

There was a system of audits and quality assurance in place. These audits included; infection prevention and control, care records, audits of the kitchen and audits of the laundry department.

The home was visited each month by a representative on the behalf of the responsible individual 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.

7.0 Quality Improvement Plan/Areas for Improvement

One area of improvement has been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005**.

	Regulations	Standards
Total number of Areas for Improvement	1	0

The one area of improvement and details of the Quality Improvement Plan was discussed with Mrs Carmel Rodgers, 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 14(1)(c) Stated: First time To be completed by: 19 February 2023	<p>The registered person shall put in place an individualised risk assessment and subsequent care plan for those residents who smoke, particularly around the risk of burns, in accordance with current safety guidance.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: 9 care plans and risk assessments were subsequently updated to include the risk of burns in accordance with the current safety guidance.</p>

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care