

Unannounced Care Inspection Report

20 April 2016



Granard

Type of service: Residential
Address: 12 Hospital Road, Omagh
Tel No: 028 8224 1143
Inspector: Laura O'Hanlon

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Granard took place on 20 April 2016 from 10.00 to 17.00.

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were no requirements made in regard to safe care. One recommendation was made to ensure policies are reviewed three yearly in line with current practice.

Is care effective?

There were no requirements made in regard to effective care. One recommendation was made to ensure staff meetings take place quarterly to ensure effective communication with the staff team.

Is care compassionate?

There were no requirements or recommendations made in regard to compassionate care.

Is the service well led?

There were no requirements or recommendations made in regard to the service being well led.

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

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	2

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

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

1.2 Actions/enforcement taken following the most recent care inspection

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

2.0 Service details

Registered organisation/registered person: East Eden Ltd, Dr Brendan McDonald	Registered manager: Carmel Rodgers
Person in charge of the home at the time of inspection: Carmel Rodgers	Date manager registered: 11 March 2014
Categories of care: RC-MP(E), RC-I, RC-MP, RC-LD, RC-LD(E), RC-DE	Number of registered places: 26
Weekly tariffs at time of inspection: £494.00 - £554.00	Number of residents accommodated at the time of inspection: 24

3.0 Methods/processes

Prior to inspection we analysed the following records: the previous inspection report, the returned quality improvement plan (QIP) and the accident/incident notifications.

During the inspection the inspector met with 20 residents, two members of the ancillary staff, two care staff and the registered manager.

The following records were examined during the inspection:

- Three care records
- Duty rota for week beginning 18 April 2016
- Supervision and appraisal records
- Record of an induction programme
- Mandatory training records
- Recruitment records including a competency and capability assessment
- Policy on adult safeguarding
- Fire safety records
- Records of residents and staff meetings
- Records of audits
- Record of complaints
- Policies in the home
- Accident and incidents records

Ten resident questionnaires, five staff questionnaires and four relatives'/representatives' questionnaires were issued as part of this inspection process.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection

The most recent inspection of Granard was an unannounced care inspection dated 3 November 2015. The completed QIP was returned and was approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 3 November 2015

Last care inspection recommendations		Validation of compliance
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.	Met
	Action taken as confirmed during the inspection: Inspection of this care record confirmed that it contained a current needs assessment. Care plans and risk assessments reflected the assessment.	

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff.

On the day of inspection the following staff were on duty – the registered manager, one senior care assistant, three care assistants, one member of the domestic staff, two members of the catering staff and the activity therapist.

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided.

A schedule for annual staff appraisals and staff supervision was maintained annually. The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. One staff competency and capability assessment was reviewed during the inspection.

Discussion with the registered manager and review of staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policy was dated October 2011. A recommendation was made to ensure that policies and procedures are systematically reviewed every three years or more frequently should changes occur to ensure they are in line with current practice. The registered manager confirmed that there were plans in place to identify a safeguarding champion within the home.

Discussion with staff confirmed that they were aware of the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and to whistleblowing.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, review of care records and review of complaints confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

A general inspection of the home was undertaken to examine a number of residents' bedrooms and en-suite bathrooms, communal lounges, bathrooms. The residents' bedrooms were personalised with photographs, spiritual emblems, pictures and personal items. The home was fresh smelling, clean and appropriately heated. Discussion with a domestic assistant confirmed that daily work schedules were in place.

Staff training records confirmed that all staff had received training in infection, prevention and control (IPC) in line with their roles and responsibilities. Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap, and disposable towels wherever care was delivered, alcohol hand gels were available in corridors throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Hand hygiene was a priority for the home and efforts were applied to promoting high standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home.

The registered manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose needs could not be met. Review of care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. Care needs assessment and risk assessments for example nutrition, moving and handling were reviewed monthly and updated on a regular basis or as changes occurred.

The registered manager confirmed that a keypad entry system was used to access the small unit. Residents who were assessed as safe to leave the building unaccompanied were provided with the door code. A review of the Statement of Purpose and Residents Guide identified that this restriction was adequately described.

Inspection of care records confirmed that there was a system of referral to the multi-disciplinary team when required. The registered manager confirmed that behaviour management plans were devised by specialist behaviour management teams from the Trust and that the behaviour management plans were regularly reviewed and updated as necessary.

The registered manager confirmed that there were risk management policy and procedures relating to assessment of risks in the home.

The registered manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. A record for cleaning of equipment was maintained in one resident's bedroom to ensure this task was completed daily.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The registered manager confirmed that the home had an up to date fire risk assessment in place. A review of the fire safety risk assessment dated 16 November 2015, identified that any recommendations arising had been addressed appropriately. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on 17 April 2016 and records retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked and were regularly maintained.

Areas for improvement

One recommendation was made to ensure that policies and procedures are systematically reviewed every three years or more frequently should changes occur in line with current practice.

Number of requirements:	0	Number of recommendations:	1
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4.4 Is care effective?

Discussion with the registered manager established that the staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that these were maintained in line with the legislation and standards. They included up to date assessment of needs, life history, risk assessments, care plans and regular statement of health and well-being of the resident. Care records were updated regularly to reflect the changing needs of the resident. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice.

The care records reflected multi-professional input into the service users' health and social care needs. This input was detailed within a document named record of visits by professionals.

The registered manager and staff confirmed that records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals.

Audits of accidents and incidents, environment, catering, laundry, housekeeping, delivery of care and medication were available for inspection and evidenced that actions identified for improvement were incorporated into practice. Further evidence of audits was referenced the annual quality report.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included pre-admission information, multi-professional team reviews, residents meetings, staff meetings and staff shift handovers. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

The last staff meeting was convened on 9 February 2016. The registered manager advised that the previous staff meeting had taken place nine months earlier. A recommendation was made to ensure staff meetings take place on a quarterly basis to ensure effective communication with the staff team.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, representatives and other key stakeholders. A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. This was evident during the inspection when a resident became unwell, prompt action was taken to visit the GP. Minutes of monthly resident meetings were available for inspection.

Areas for improvement

One area for improvement was identified. A recommendation was made to ensure staff meetings take place on a quarterly basis to ensure effective communication with the staff team.

Number of requirements:	0	Number of recommendations:	1
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4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents. One resident stated:

“I can decide if I want to do something by myself.”

Discussion with staff and residents confirmed that residents’ spiritual and cultural needs, including preferences for end of life care, were met within the home. One resident commented:

“I am very happy here, the eucharistic minister comes in each week.”

Discussion with residents confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner.

The registered manager, residents and staff confirmed that consent was sought in relation to care and treatment. Resident consent forms were contained within care records. Residents, staff and observation of interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ independence and of maintaining dignity. Staff were also able to demonstrate how residents’ confidentiality was protected.

Discussion with staff, residents and observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. One resident commented:

“I am very happy here, I like swimming and I get out swimming once a week.”

Arrangements were in place for residents to maintain links with their friends, families and wider community.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Some residents’ comments were:

- “I can go to any of the staff if I have a problem.”
- “The staff are very approachable if I have a problem.”

Discussion with staff, residents and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents and their representatives were sought and taken into account in all matters affecting them. A relatives meeting is convened on an annual basis.

Residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually.

The findings from the consultation were collated into a summary report which was made available for residents and other interested parties. An action plan was developed and implemented where improvements are required.

Residents confirmed that their views and opinions were taken into account in all matters affecting them. The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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4.6 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home was registered.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. It was noted that a number of the policies had not been reviewed three yearly. A recommendation was made that policies and procedures are systematically reviewed every three years or more frequently should changes occur.

Residents and their representatives were made aware of the process of how to make a complaint by way of the Residents Guide. A poster was also displayed in each bedroom outlining the complaints process. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised.

The registered manager confirmed the home had an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents and notifiable events records confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

A regular audit of accidents and incidents was undertaken and this was available for inspection. Learning from accidents and incidents was disseminated to staff members to improve practice.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires. There was a system to ensure medical device alerts, safety bulletins; serious adverse incident alerts and staffing alerts were appropriately reviewed.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose and Residents Guide. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns. Residents were aware of the roles of staff within the home and who to speak with if they wanted advice or had any issues or concerns.

The registered manager confirmed that the home was operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration and employer's liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered person/s responded to regulatory matters in a timely manner. Review of records and discussion with the registered manager confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas for improvement

One area for improvement was identified during the inspection.

Number of requirements:	0	Number of recommendations:	1
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Carmel Rodgers, registered manager as part of the inspection process. 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

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

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to 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 by the registered manager. 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 establishment. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/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 person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the establishment.

Quality Improvement Plan

Recommendations	
Recommendation 1 Ref: Standard 21.5 Stated: First time To be completed by: 20 July 2016	<p>The registered person should ensure that policies and procedures are systematically reviewed every three years or more frequently should changes occur in line with current practice.</p> <p>Response by registered person detailing the actions taken: All policies and procedures are currently being reviewed and updated. The policy and Procedure for the Protection of Vulnerable Adults is now complete and signed off by the proprietor. All policies will be reviewed and updated by the specified time 20th July 2016.</p>
Recommendation 2 Ref: Standard 25.8 Stated: First time To be completed by: 20 July 2016	<p>The registered person should ensure that staff meetings take place on a quarterly basis to ensure effective communication with the staff team.</p> <p>Response by registered person detailing the actions taken: Staff meeting held on 26th May 2016. Minutes of all meetings are available for staff to read and comment. Two further staff meetings scheduled for the 15th Aug and the 15th Dec 2016.</p>

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



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