

# Inspection Report

24 October 2023



## Granard

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

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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

<b>Organisation/Registered Provider:</b> East Eden Limited  <b>Responsible Individual:</b> Dr Una McDonald	<b>Registered Manager:</b> Mrs Mai Devlin  <b>Date registered:</b> Acting
<b>Person in charge at the time of inspection:</b> Mrs Mai Devlin	<b>Number of registered places:</b> 26  This number includes: <ul style="list-style-type: none"> <li>one identified individual in category RC-I</li> <li>a maximum of one resident in category of care RC-PH</li> </ul>
<b>Categories of care:</b> 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	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 26
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides health and social care for up to 26 residents. The home is divided into two units over two floors. One unit has accommodation for 18 residents over two floors and the other unit has accommodation for eight residents over two floors.	

## 2.0 Inspection summary

An unannounced inspection took place on 24 October 2023, from 9.30am to 3pm. The inspection was conducted by a care inspector.

The inspection assessed progress with the one area of 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 previous area of improvement was met.

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

Staff promoted the dignity and well-being of residents and were knowledgeable and trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

One area of improvement was identified during this inspection. This was in respect of one aspect of staff training.

RQIA were assured that the delivery of care and service provided in Granard was safe, effective, compassionate and that the home was well led.

### **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. Mai Devlin at the conclusion of the inspection.

#### 4.0 What people told us about the service

Residents said that they felt happy with their life in the home, relationship with staff, the provision of meals and activities. One resident made the following comment; "It's a good place to be, all is very good here."

Staff spoke in positive terms about the provision of care, staffing levels, teamwork, training and managerial support.

Feedback from returned questionnaires were all positive and complimentary about the service and care provided for in the home.

#### 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 19 January 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14(1) (c)  <b>Stated:</b> First time	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.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> These assessments have been put in place.	

#### 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 spoke positively on the provision of training. Mandatory training for staff was maintained on an up-to-date basis. One area of improvement was made for staff to receive training in managing and dealing with distressed behaviours.

The staff duty rota accurately reflected the staff working in the home on a daily basis. Any member of staff who has the responsibility of being in charge of the home, in the absence of the Manager has a competency and capability assessment in place for this responsibility. These assessments are reviewed on an annual basis. This is good practice.

All care staff are registered with the Northern Ireland Social Care Council (NISCC). Checks are maintained on a monthly basis of these registrations. The Manager is registered with the Nursing & Midwifery Council (NMC).

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. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner. One resident said; "You couldn't complain about anything here. Everything is very good and so is the food and always a choice."

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and described the Manager as being very approachable and supportive.

### 5.2.2 Care Delivery and Record Keeping

Staff interactions with residents were observed to be polite, friendly and warm. Expressions of consent were evident with statements such as "Are you okay with..." or "Would you like to ..." when dealing with care delivery. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. One resident said; "The staff are all brilliant."

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.

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.

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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The dining room was nicely appointed and tables were suitably set. The dinner time meal was appetising and wholesome. 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. Discussions with staff confirmed knowledge and understanding for residents with SALT assessed needs and the procedures the home had put in place at mealtimes to minimise these.

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

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.

Care records were held confidentially.

Daily progress records were kept of how each resident spent their day and the care and support provided by staff.

The outcomes of visits from any healthcare professional were recorded.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was clean, tidy and fresh smelling throughout, with a good standard of décor and furnishings. Residents' bedrooms were comfortable, suitably facilitated and nicely personalised. Communal areas were nicely decorated and comfortable. Bathrooms and toilets were clean and hygienic.

The grounds of the home were nicely maintained with good accessibility for residents to avail of.

A programme of painting was occurring with no obvious disruption to residents' routine.

Cleaning chemicals were stored safely and securely.

The home's most recent fire safety risk assessment, dated 18 July 2023, had evidence to confirm that the one recommendation made from this assessment had been addressed.

Fire safety training, safety drills and checks in the environment were maintained on an up-to-date basis.

Maintenance records were accessible and very well maintained.

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.

The atmosphere in the home was relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. One resident said; "I love it here. It is very clean. It is a very good home."

The genre of music and television channels was in keeping with residents' age group and tastes.

A programme of person centred activities was in place for which residents were seen to be in fulfilment with.

### 5.2.5 Management and Governance Arrangements

Discussions with the Manager confirmed they had good knowledge and understanding of individual residents' needs and care, as well as oversight of same.

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

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.

Accidents and incidents were notified, if required, to residents' next of kin, aligned named worker and to RQIA. A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported to the relevant stakeholders.

There was evidence that complaints were managed correctly and that records of complaint were suitably maintained.

There was a good system of audits and quality assurance in place. These audits included; environmental, infection prevention and control, restrictive practices and care records.

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 very detailed with corresponding action plans in place to address any issues identified. These reports 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' Minimum Standards (December 2022) (Version 1:2)**.

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	1

The one area of improvement and details of the Quality Improvement Plan was discussed with Mrs Mai Devlin, 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 Minimum Standards (December 2022) (Version 1:2)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 23.4  <b>Stated:</b> First time  <b>To be completed by:</b> 25 November 2023	The registered person should ensure staff receive training in managing and dealing with distressed behaviours.  Ref: 5.1.1
	<b>Response by registered person detailing the actions taken:</b> Distressed Reaction Workshop was planned after the inspection on the 2 <sup>nd</sup> & 9 <sup>th</sup> November 2023 where 50% of the staff has completed it. A further date is set for 28 <sup>th</sup> November for the remaining staff to complete.

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



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