



The Regulation and
Quality Improvement
Authority

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

Inspector: Laura O'Hanlon
Inspection ID: IN16978

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**Unannounced Care Inspection
of
Granard**

25 June 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 25 June 2015 from 10.15 to 16.45. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

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	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

2. Service Details

Registered Organisation/Registered Person: Dr Brendan McDonald	Registered Manager: Ms 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: 25	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 care inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/Process

Prior to the inspection we analysed the following records: returned QIP from the last care inspection, notifications of accidents and incidents.

We met with 21 residents, one visiting professional, three care staff, one member of ancillary staff and the registered manager.

We inspected the following records: five care records, accident / incident reports, fire safety records, complaints / compliments, registered provider visits and policies available related to continence management and death and dying.

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 26 February 2015. The completed QIP was returned and was approved by the care inspector.

5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 27 (4) (e)	The registered person must make arrangements for the persons working at the home to receive training from a competent person in fire prevention twice yearly.	Met
	Action taken as confirmed during the inspection: Fire training was completed in April 2015. Further training is scheduled for October 2015.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 9.1	The home has details of each resident's General Practitioner (GP), optometrist and dentist. <ul style="list-style-type: none"> • Each resident's General Practitioner (GP), optometrist and dentist should be noted in the resident's care records. 	Met
	Action taken as confirmed during the inspection: A review of care cords confirmed that resident's General Practitioner (GP), optometrist and dentist are noted in the resident's care records.	

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is Care Safe? (Quality of Life)

Residents can and do spend their final days in the home unless there are documented health care needs to prevent this.

The general experience within the home had been that residents have been transferred to hospital or nursing care due to complex health care needs. This was been undertaken with the consent of the resident and their next of kin or representative.

The home has a spiritual ethos. Clergy and lay ministers visit the home throughout the week on an organised basis. Residents are encouraged to attend their place of worship, where possible.

In our discussions with the registered manager and staff we confirmed that arrangements can be put in place so that spiritual care can be made available for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort to a resident who is dying are enabled to do so if the resident wishes.

Following a death, the body of a deceased resident is handled with dignity and respect and in accordance with his or her expressed social, cultural and religious preferences. A staff member shared her experience in caring for a resident who had passed away.

We inspected a sample of compliment cards. These were received from families. There were nice messages of praise and gratitude, for the compassion and kindness received during this period of care. This included welcoming relatives to the home with provision of refreshments and kind, caring staff interactions.

We noted that within the home's policy, when the death of a resident occurs, the resident's next of kin or family deal with deceased resident's belongings. This is done at a sensitive and convenient time after the burial.

Is Care Effective? (Quality of Management)

We noted that the home had a written policy in place on end of life care. This policy was dated June 2015.

In our discussion with the registered manger and staff they confirmed to us that the district nursing service attached to the home would lead in the management of palliative care. Within care records we noted consistent liaison with the multi-disciplinary team in regard to the management of residents with complex health care needs.

We noted that resident's records contained a document named 'End of life instructions.' This document noted the wishes of the resident following their death. Spiritual and cultural wishes were recorded within this record. The document was signed by the resident and/or their representative. This practice is to be commended.

Is Care Compassionate? (Quality of Care)

In our discussions with staff and the registered manager they shared their experience of a death in the home. At the request of the family a wake was held in the home. The staff confirmed to us that residents were informed as a small group and in a sensitive manner. The other residents were supported by staff to visit the deceased resident if they so wished.

In our discussions with staff they demonstrated to us that they had knowledge and understanding in this area of care. Staff also confirmed to us that there was a supportive ethos within the management of the home. The management assist the residents and staff in dealing with dying and death.

Areas for Improvement

There were no areas of improvement identified from the standard inspected. Overall, this standard is assessed to be safe, effective and compassionate.

Number of Requirements:	0	Number of Recommendations:	0
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5.4 Theme: Residents receive individual continence management and support

Is Care Safe? (Quality of Life)

We reviewed five care records. We found that a needs assessment was completed and that care plans were in place. These were reviewed to reflect the changing needs of the resident. The registered manager confirmed that there are currently no residents with continence issues.

We spoke with staff members. They were able to describe the system of referral to community District Nursing services for specialist continence assessment.

In our discussions with staff, we found that they were able to demonstrate knowledge in the area of continence care.

From our discreet observations, discussion with staff and review of care records we identified no mismanagement in this area of care such as breakdown of skin integrity.

We found adequate provision of laundered bed linen and towels. Gloves, aprons and hand washing dispensers were also available.

Is Care Effective? (Quality of Management)

The home had a policy in place on the promotion of continence. This policy was dated June 2015.

Staff were able to verify to us that any issues of assessed need are reported to the district nursing services for advice and guidance.

Is Care Compassionate? (Quality of Care)

From our discreet observations of care practices we found that residents were treated with care, dignity and respect when being assisted by staff. From our discussion with residents, we endorsed that staff provide assistance with continence care in a sensitive and caring manner.

Areas for Improvement

There were no areas of improvement identified with the theme inspected. Overall, this theme is assessed to be safe, effective and compassionate.

Number of Requirements:	0	Number of Recommendations:	0
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5.5 Additional Areas Examined

5.5.1 Residents Views

We met with 21 residents. We observed residents relaxing in the communal lounge area. Residents were involved in manicure activities. 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. Residents were praising of the staff. Some comments made were:

- “The food is lovely.”
- “The food is powerful, everyone is terrific from the manager down.”
- “The girls are excellent, I am very happy here. The food is great and there is plenty of it.”

5.5.2 Staff Views

We spoke with three care staff, one member of ancillary staff, in addition to the registered manager. Staff advised us that they felt well 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.

- “This is a very good home, its homely; I would like my relatives to be here.”
- “Excellent staff, excellent manager and a great group of residents.”
- “This is a homely environment and feels like you are working with family.”
- “I think a high standard of care is provided. There is a family ethos in this home, the staff know the residents very well.”

Ten staff questionnaires were distributed for return. No questionnaires were returned at the time of writing this report.

5.5.3 Views of Visiting Professionals

We spoke with one visiting professional. This professional stated that the home has a pleasant environment. We were advised that the staff were timely in reporting issues. They stated that there was good communication with the staff in this home. They praised the registered manager and stated that there was always adequate staff on duty during her visits.

5.5.4 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.

5.5.5 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 observed residents to be well presented.

5.5.6 Accidents / Incident reports

We reviewed accidents and incidents records and care records. We confirmed that these are appropriately managed and reported.

5.5.7 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 completed in April 2015. Further training is scheduled for October 2015. The registered manager confirmed that a fire drill took place on 20 June 2015.

The records identified that different fire alarms have been tested weekly with written records maintained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

5.5.9 Visits by registered provider

We confirmed that these visits were unannounced and undertaken on a monthly basis. A written report was available in the home.

Areas for Improvement

There were no areas of improvement identified within these additional areas inspected.

Number of Requirements	0	Number Recommendations:	0
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No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	<i>Bernard Lodge</i>	Date Completed	<i>14/7/15.</i>
Registered Person	<i>[Signature]</i>	Date Approved	<i>6/8/15.</i>
RQIA Inspector Assessing Response	<i>Larico Huber</i>	Date Approved	<i>10.8.15</i>

Please provide any additional comments or observations you may wish to make below:

Please complete in full and returned to care.team@rqia.org.uk from the authorised email address

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 within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations.