

Unannounced Care Inspection Report 30 May 2018



Granard

Type of Service: Residential Care Home
Address: 12 Hospital Road, Omagh, BT79 0AN
Tel No: 028 8224 1143
Inspector: Laura O'Hanlon

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care and accommodation for 26 persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: East Eden Ltd Responsible Individual(s): Dr Brendan McDonald	Registered Manager: Carmel Rodgers
Person in charge at the time of inspection: Carmel Rodgers	Date manager registered: 11 March 2014
Categories of care: Residential Care (RC) I - Old age not falling within any other category 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 registered places: 26

4.0 Inspection summary

An unannounced care inspection took place on 30 May 2018 from 10.00 to 16.40.

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

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to staff induction, appraisal and supervision and the management of complaints and incidents. Good practice was also found in relation to care records, reviews, communication between residents, staff and other relevant people.

Areas requiring improvement were identified in relation to the removal of storage from a stairwell and to ensure the duty roster is accurately maintained.

Residents said that they felt safe in the home, were happy and contented and that the staff were warm hearted and kind.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	1

Details of the Quality Improvement Plan (QIP) 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.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 19 December 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the registered manager/person in charge, 20 residents, four staff and one visiting professional.

A total of six questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Two staff files
- Three residents' care files
- The home's Statement of Purpose
- Minutes of staff meetings
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, medication, environment, NISCC registration
- Accident, incident, notifiable event records
- Annual Quality Review report

- Minutes of recent residents' meetings
- Reports of visits by the registered provider
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 16 May 2018

The most recent inspection of the home was an unannounced medicines management inspection. There were no areas for improvement identified at this inspection.

6.2 Review of areas for improvement from the last care inspection dated 19 December 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 29.4 Stated: First time	The registered person shall ensure that fire safety training is undertaken twice annually. Ref: section 6.3	Met
	Action taken as confirmed during the inspection: A review of the fire safety training records confirmed that this was undertaken and scheduled again for 13 June 2018.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The registered manager advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents and staff. A review of the duty rota confirmed that it did not accurately reflect the staff on duty within the home. This was identified as an area for improvement under the standards to ensure the duty rota is accurately maintained.

A 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 confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection.

Discussion with 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. Two staff competency and capability assessments were reviewed and found to be satisfactory.

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

The registered manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff files reviewed confirmed that AccessNI information was recorded and managed in line with best practice.

A register of staff working in the home was available and contained all information as outlined within the legislation.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed. The home has identified two safeguarding champions who have completed training relevant to this position.

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 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, care records and complaints records 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.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met. A review of care records identified that residents' care needs and risk assessments were obtained from the trust prior to admission.

The registered manager advised there were restrictive practices within the home, notably the use of keypad entry systems to specific areas of the home and the use of lap belts during wheelchair transfers. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. Restrictive practices were described in the statement of purpose.

There was an infection prevention and control (IPC) policy and procedure in place which was in line with regional guidelines. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was clean and appropriately heated. A programme of redecoration was underway in the home with a number of the bedrooms being repainted. It was noted during the inspection that the floor covering in one bathroom was stained and marked. This was discussed with the registered manager during the inspection and assurances were provided that a new floor covering was on order.

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. It was noted that there were a number of new flower boxes in place outside. Discussion with the residents confirmed that they were involved in the development and maintenance of these.

No malodours were detected in the home. During the inspection of the environment it was noted that there was storage in place under a stairwell. This was discussed with the registered manager and identified as an area for improvement under the regulations to ensure that the storage is removed.

The registered manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly.

The home had an up to date Legionella risk assessment in place dated 3 November 2017 and all recommendations had been actioned.

It was established that a number of residents smoked. A review of the care records of these residents identified that risk assessment and corresponding care plan(s) were completed in relation to smoking.

The registered manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. A system was in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.

The home had an up to date fire risk assessment in place dated 9 January 2018 and all recommendations had been actioned.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the 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 weekly and were regularly maintained.

Residents and staff spoken with during the inspection made the following comments:

- "I feel very safe in here." (resident)
- "The staffing levels are good. We have supervision six monthly and an appraisal yearly. I have completed recent mandatory training." (staff)
- "We all do our mandatory training. The staffing levels are good; I have no concerns." (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, induction, training, supervision and appraisal, adult safeguarding and infection prevention and control and the home's environment.

Areas for improvement

Two areas for improvement were identified during the inspection in regards to the duty roster and the need to remove storage from a stairwell.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

Discussion with the registered manager established that 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 an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example staff were able to describe individual preferences and choices for the residents.

A varied and nutritious diet was provided which met the individual and recorded dietary needs and preferences of the residents. The lunch time meal was appetising and nicely presented. Supervision and assistance for residents during the meal was organised and in accordance with assessed needs. Residents commented positively on their provision of meals. Drinks were readily available for all the residents during the day.

Systems were in place to regularly record residents' weights and any significant changes in weight were responded to appropriately. There were arrangements in place to refer residents to dietitians' and speech and language therapists (SALT) as required. Guidance and recommendations provided by dieticians and SALT were reflected within the individual resident's care plans and associated risk assessments.

The registered manager advised 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 risk assessments, care plans, care review, environment, medication were available for inspection and evidenced that any actions identified for improvement were incorporated into

practice. Further evidence of audit was contained within the reports of the visits by the registered provider and the annual quality review report.

The registered manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. Minutes of staff meetings and resident meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the Visits by Registered Provider reports, Annual Quality Review report, Resident meeting minutes were on display or available on request for residents, their representatives any other interested parties to read.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Residents and staff spoken with during the inspection made the following comments:

- “The staff are very open and honest, if I want anything all I have to do is ask.” (resident)
- “I could go to any of the staff if I had a problem. The food is lovely.” (resident)
- “There is good communication among the team and we all work well as a team.” (staff)
- “We have shift handovers and a communication book. If a resident is unwell this information would be passed on. There is good teamwork.” (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, audits and reviews, communication between residents, staff and other interested parties.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The registered manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The registered manager and the residents advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and confidentiality were protected. Staff were vigilant in regard to communicating sensitive information about residents and spoke with residents in a kind and caring manner.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, were met within the home. Action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the review of care records, for example, care plans were in place for the identification and management of pain, falls, infection, where appropriate.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. An example of this was the complaints procedure which was available in an easy read format.

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; residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents' meetings, suggestion box, visits by the registered provider.

Residents were consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and action plan was made available for residents and other interested parties to read.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. The home employs an activities coordinator who engages in small group activities as well as individual sessions. There was good availability of crafts, games, music systems and televisions for the residents to access. On the day of the inspection the residents were engaged in a range of activities. Some of the residents were out at their day care placement while others were out at local shops.

Arrangements were in place for residents to maintain links with their friends, families and wider community. One resident described how she had enjoyed her birthday with family and friends in the home.

Residents, staff and one visiting professional spoken with during the inspection made the following comments:

- “I helped to pick the new furniture for my room.” (resident)
- “I am very content in here, the staff are all good to me and I appreciate everything that is done for me.” (resident)
- “I am very happy and content in here. You always get a choice of what to do. I like to stay in my room and read the papers.” (resident)
- “The staff are warm hearted and kind.” (resident)
- “I love working here. I enjoy doing arts and crafts with the residents. We are currently painting mirrors for their bedrooms.” (staff)
- “It’s like a big family and everyone works well together. The quality of care is very good.” (staff)
- “The quality of care is excellent and I would have no difficulty in placing a relative of mine in here.” (staff)
- “I could not speak highly enough of this home. The staff have a great relationship with our team. The staff have a great way with the residents.” (visiting professional)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The registered manager outlined the management arrangements and governance systems in place within the home and stated that the 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 with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. The registered manager stated that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

Residents and/or their representatives were made aware of how to make a complaint by way of information on display in the home. RQIA's complaint poster was available and displayed in the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

A review of the accident, incident and notifiable events 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 was reviewed as part of the inspection process.

There was a system to ensure safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

There was evidence of managerial staff being provided with additional training in governance and leadership. The registered manager advised that she is currently undertaking additional management training.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. Examples of this included training in the management of diabetes, epilepsy and continence care.

A visit by the registered provider 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, RQIA and any other interested parties to read. An action plan was developed to address any issues identified which include timescales and person responsible for completing the action.

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

The registered manager reported that the management and control of operations within the home was in accordance with the regulatory framework. The returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The registered manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The registered manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

The inspector discussed arrangements in place in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents.

Residents, staff and one visiting professional spoken with during the inspection made the following comments:

- “Carmel is a great manager.” (resident)
- “I think the staff are all very good. I know who the manager is and I would approach any of them.” (resident)
- “Carmel is excellent, professional and confidential. If anything was raised it would be actioned.” (staff)
- “The manager is excellent and very professional.” (staff)

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Carmel Rodgers, Registered Manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified 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 the residential care home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2018</p>	<p>The registered person shall ensure that the storage under a stairwell is removed.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: All items removed and archived</p>
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Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 25.6</p> <p>Stated: First time</p> <p>To be completed by: 31 May 2018</p>	<p>The registered person shall ensure that the duty rota accurately reflects the staff on duty in the home.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Staff made aware of the importance of informing manager or senior carer, should there be any changes made to off duty.</p>
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Please ensure this document is completed in full and returned via Web Portal



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