

Unannounced Inspection Report

22 October 2019



Granard

Type of Service: Residential Care Home
Address: 12 Hospital Road, Omagh, BT79 0AN
Tel No: 028 8224 1143
Inspector: Helen Daly

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home which is registered to provide care for up to 26 residents with a range of healthcare needs as detailed in Section 3.

3.0 Service details

Organisation/Registered Provider: East Eden Ltd Responsible Individual(s): Dr Una McDonald (Acting)	Registered Manager: Mrs Carmel Rodgers
Person in charge at the time of inspection: Mrs 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 PH – physical disability other than sensory impairment	Number of registered places: 26 This number includes: <ul style="list-style-type: none"> • RC-I for one identified individual • a maximum of one resident to be accommodated in category of care RC-PH

4.0 Inspection summary

An unannounced inspection took place on 22 October 2019 from 10.00 to 16.00.

The inspection assessed progress with any areas for improvement identified during and since the last care and medicines management inspections and 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 the management of medicines, the environment and the activities provided in the home.

Two areas for improvement were identified in relation to the standard of maintenance of the personal medication records and medication administration records.

Residents described living in the home as being a good experience. They were seen to be relaxed and comfortable in their surroundings and in their interactions with staff and other residents.

Comments received from residents, people who visit them and staff during and after the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Mrs 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 inspection dated 30 May 2019

Other than the actions detailed in the QIP no further actions were required to be taken following the most recent care inspection on 30 May 2019. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the last inspection findings in relation to care and medicines management and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give to residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

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

- personal medication records and medication administration records
- risk assessments and care plans
- the management of two recently prescribed antibiotics
- complaint records
- monthly monitoring reports
- governance audits/records

Areas for improvement 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 medicines management inspection dated 16 May 2018

There were no areas for improvement identified as a result of the most recent medicines management inspection on 16 May 2018.

6.2 Review of areas for improvement from the most recent care inspection dated 30 May 2019

Areas for improvement from the most recent care inspection dated 30 May 2019		
Action required to ensure compliance with the Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 10.3 Stated: First time	The registered person shall ensure that written consent is obtained for the use of pressure alarm mats.	Met
	Action taken as confirmed during the inspection: Written consent was in place for the use of pressure alarm mats.	

Areas for improvement from the most recent care inspection dated 30 May 2019		
Action required to ensure compliance with the Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 2 Ref: Standard 17.10 Stated: First time	The registered person shall ensure that records of all complaints include: <ul style="list-style-type: none"> • communications with complainants • actions taken • results of investigations 	Met
	Action taken as confirmed during the inspection: There had been no complaints since the last care inspection. The registered manager had reviewed and updated the records in place for the management of the complaint identified at the last care inspection. The record included details of: <ul style="list-style-type: none"> • communications with the complainant • the actions taken • the result of the investigation 	
Area for improvement 3 Ref: Standard 20.11 Stated: First time	The registered person shall ensure that the monthly monitoring visits undertaken on behalf of the registered provider are completed on a monthly basis.	Met
	Action taken as confirmed during the inspection: Records of the monthly monitoring reports were available which evidenced that they had been completed on a monthly basis from May 2019 to September 2019.	

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.

Staff advised that they felt that there were enough staff to meet the needs of the residents and this was evidenced during the inspection. The residents spoken with said that they felt well looked after in the home. Residents’ needs and requests for assistance were observed to be met in a timely and caring manner.

The home was observed to be clean and warm, all areas inspected were appropriately decorated and clean. There were no malodours. Corridors were free from trip hazards and equipment/cleaning products were stored in areas not accessed by residents.

Observation of the personal medication records identified that two trained staff do not sign the records at the time of writing and at each update. We also noted that some recently prescribed medicines, including two antibiotics, had not been recorded on the personal medication records. This is necessary to ensure that the records are accurately maintained and medicines are administered in accordance with the prescribers’ most recent directions. An area for improvement was identified. The registered manager was reminded that the abbreviation ‘i.u.’ should not be used to record insulin doses.

The medication administration records were maintained in a mostly satisfactory manner. However the following improvements are necessary. The time of administration should be accurately recorded. Hand-written updates should include the month and year and should be signed and verified by two trained staff to ensure the accuracy of the transcribing. An area for improvement was identified.

In addition to the monthly medication audits, daily audits were completed on the administration of high risk medicines. There was evidence that medicines were administered as prescribed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, the management of medicines and the home’s environment.

Areas for improvement

Two areas for improvement were identified in relation to the standard of maintenance of the personal medication records and the medication administration records.

	Regulations	Standards
Total number of areas for improvement	0	2

6.5 Is care effective?

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

Robust systems were in place to manage the ordering of prescribed medicines to ensure adequate supplies were available and to prevent wastage. Staff advised of the procedures to identify and report any potential shortfalls in medicines. Antibiotics and newly prescribed medicines had been received into the home without delay.

We reviewed the lunchtime meal experience in the main dining room. Lunch commenced at approximately 12.45. Tables had been laid appropriately for the meal. The menu offered a choice of meal for lunch and alternatives were also provided on request. Staff were knowledgeable in relation to residents’ likes and dislikes. Food was served directly from the kitchen when residents were ready to eat their meals. The food served appeared nutritious and appetising. Staff wore aprons when serving meals. Staff were observed chatting with residents and the residents said that they enjoyed the food.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the timely availability of newly prescribed medicines and antibiotics, communication between residents and staff and the encouragement/assistance provided by staff to ensure that residents ate a nutritious meal.

Areas for improvement

No areas for improvement were identified at 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.

We did not observe the administration of any medicines. Staff advised that residents were administered their medicines as discreetly as possible in an area of their choice.

Of the questionnaires that were issued, seven were returned from residents and relatives. Six of the respondents indicated that they were ‘very satisfied’ with all aspects of the care provided.

We spoke with several residents during the inspection. All were complimentary regarding the care provided and staff. The following are some of the comments made:

- “I am very happy. I love having my hair done. The staff are very good at it. They (staff) are very nice, we get on well with them.”
- “ I love it here, I love the company. They (staff) would do anything for you.”
- “ The food is good, I have no complaints.”

We spoke with two relatives who was also complimentary regarding the care provided, staff and management. Comments included:

“It is an excellent home. We could not ask for more. The care is excellent. The staff treat the residents like family, they cannot do enough for them.”

Residents were observed to be relaxed and comfortable. Staff engaged residents in appropriate and caring conversations. Throughout the day residents were having their hair and nails done and aromatherapy hand massages with relaxing music. The activity therapist had a varied programme which included all residents. Residents were enjoying live music in the afternoon.

Observation of the care practices evidenced that staff adopted a person centred care approach. Staff communicated with residents in a manner that was sensitive and understanding of their needs.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing residents and their representatives 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.

There had been no medication incidents since the last medicines management inspection. The registered manager advised of the robust auditing processes. She advised that staff knew how to identify and report incidents and that any incidents would be investigated to identify and implement learning. In relation to the regional safeguarding procedures, staff advised that they were aware that incidents may need to be reported to the safeguarding team.

We discussed the Mental Capacity Act (Northern Ireland) 2016 and the Deprivation of Liberty Safeguards. The registered manager advised that training is planned.

We met with four staff who advised that there were good working relationships and that management were supportive, approachable and responsive to any suggestions/concerns. Comments included:

- “ We are like the Waltons, it’s a great team, just like a family.”
- “ Great team work, we love it here.”

- “ I love it here. I get the opportunity to do lots of activities with the residents, including pet therapy, arts and crafts, outdoor painting, gardening, library, tea dances and flower arranging.”

Areas of good practice

There were examples of good practice found in relation to quality improvement 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 Mrs 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 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 via the Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Residential Care Homes Minimum Standards, August 2011	
<p>Area for improvement 1</p> <p>Ref: Standard 31</p> <p>Stated: First time</p> <p>To be completed by: 22 November 2019</p>	<p>The registered person should ensure that personal medication records are up to date and verified and signed by two trained members of staff.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: All medication records have been reviewed and updated by two staff.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 31</p> <p>Stated: First time</p> <p>To be completed by: 22 November 2019</p>	<p>The registered person shall ensure that the medication administration records are accurately maintained and that hand-written updates are verified and signed by two member of staff.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Medication records are now accurately maintained. Hand written updates have been verified and signed by two staff.</p>

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

Assurance, Challenge and Improvement in Health and Social Care