

Unannounced Care Inspection Report 03 May 2018



Golan View

Type of Service: Residential Care Home
Address: 72 Farmhill Road, Arvalee, Omagh, BT79 0NW
Tel No: 028 8224 6684
Inspector: Bronagh Duggan

www.rgia.org.uk

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 three persons in the categories of care cited on the home’s certificate of registration and detailed in section 3.0 of this report. The home is part of a domestic style bungalow.

3.0 Service details

Organisation/Registered Provider: Golan View / Mrs Ann McGrath	Registered Manager: Mrs Ann McGrath
Person in charge at the time of inspection: Florence Maguire	Date manager registered: 01 April 2005
Categories of care: RC-I, RC-MP, RC-MP(E), RC-PH	Number of registered places: 3

4.0 Inspection summary

An unannounced care inspection took place on 3 May 2018 from 10.30 to 14.45.

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 supervision, appraisal, staff training, care records, reviews, ethos of the home, governance arrangements and maintaining good working relationships.

Areas requiring improvement were identified in relation to the completion of a legionella risk assessment, the homes smoking policy and to ensure a system is in place to monitor Northern Ireland Adverse Incidence Centre (NIAIC) alerts.

Residents said they liked living in the home and were very satisfied.

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	2

Details of the Quality Improvement Plan (QIP) were discussed with Florence Maguire, Senior Care Assistant, as part of the inspection process and Ann McGrath Registered Manager via telephone following the inspection. 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 24 October 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 and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the person in charge and two residents.

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. Three questionnaires were returned by residents within the agreed timescale. No questionnaires were returned by staff.

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

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal information
- Staff competency and capability assessments
- Staff training records
- Two staff files
- Two residents' care files
- The home's Statement of Purpose and Resident's Guide
- Minutes of staff meetings
- Complaints and compliments records
- Cleaning records
- Accident, incident, notifiable event records
- Annual Quality Review report
- Minutes of recent residents' meetings
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreements
- Policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as 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 24 October 2017

The most recent inspection of the home was an unannounced care inspection.

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

6.2 Review of areas for improvement from the last care inspection dated 24 October 2017

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 8.2 Stated: First time To be completed by: 31 October 2017	The registered person shall ensure when no recordable events occur there is an entry at least weekly for each resident to confirm this is the case. Ref: 6.5	Met
	Action taken as confirmed during the inspection: Review of progress records showed that these were being completed and updated on a regular basis.	

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 senior carer advised that the staffing levels for the home 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 and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

A review of one completed induction record and discussion with the senior carer evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with the senior carer 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 senior carer 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. Staff competency and capability assessments were reviewed and found to be satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the senior carer and review of 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 senior carer advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment. Staff information reviewed confirmed that AccessNI information was recorded and managed in line with best practice.

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

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 senior carer was 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 senior carer, review of accident and incidents notifications, care records and complaints records confirmed that there had been no recent safeguarding issues. The senior carer confirmed any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; and that written records would be retained.

The senior carer 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 senior carer advised there were no restrictive practices within the home and on the day of the inspection none were observed.

There was an infection prevention and control (IPC) policy and procedure in place. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with the senior carer established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that

there were wash hand basins, adequate supplies of liquid soap, towels wherever care was delivered. 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 senior carer reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home 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 fresh-smelling, clean and appropriately heated.

Inspection of the internal environment identified that the home was 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 senior carer advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. fire safety. It was noted however that the smoking policy in the home was incomplete this was identified as an area for improvement to comply with the standards.

The need to have a Legionella risk assessment in place was discussed with the registered manager following the inspection. This was identified as an area for improvement to comply with the regulations.

It was established that two residents smoked. A review of the care records identified that risk assessments had been completed in relation to smoking.

The need to ensure there was a system in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary was discussed this was identified as an area for improvement to comply with the standards.

The home had an up to date fire risk assessment in place dated 11 October 2017 and all recommendations had been actioned.

Review of staff training records confirmed that staff completed fire safety training twice annually. Residents were also supported to complete fire safety training this is good practice. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly, and monthly and were regularly maintained.

Three completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

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

Areas for improvement

Three areas for improvement were identified during the inspection these related to the completion of a legionella risk assessment, the completion of the homes smoking policy and to ensure a system is in place to monitor Northern Ireland Adverse Incidence Centre (NIAIC) alerts.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

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

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

Records were stored safely and securely in line with data protection. A review of two 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. smoking, mobility, 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. An individual agreement setting out the terms of residency was in place and appropriately signed.

Discussion with staff confirmed that a person centred approach underpinned practice. The senior carer was able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example residents are encouraged to maintain individual interests such as tending to animals and attending local centres.

The senior carer 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 senior carer 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 latest RQIA inspection reports were 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.

Three completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care records, 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 senior carer 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.

A range of policies and procedures was in place which supported the delivery of compassionate care. The senior carer and 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. The senior carer described their awareness of promoting residents’ rights, independence, dignity and confidentiality were protected.

Discussion with the senior carer 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.

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.

Discussion with the senior carer, 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, 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.

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 that was made available for residents and other interested parties to read.

Discussion with the senior carer, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities for example attending local centres, tending to animals, visiting local shops. Arrangements were in place for residents to maintain links with their friends, families and wider community.

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

- “I am happy here, aye, I was out doing a bit of work with the hens, I enjoy that”. (resident)
- “I like it here alright, I have whatever I need. I am very satisfied”. (resident)
- “I think this is a good home, it works well”. (staff)

Three completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied.

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 senior carer 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. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident's Guide and information on display 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. There were no new complaints recorded since the previous inspection.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. There had been no new accidents or incidents recorded since the previous inspection.

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

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents for example staff had completed training in whistleblowing and health and safety.

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 senior carer 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 was displayed the employers liability insurance certificate was also available.

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

Discussion with the senior carer 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 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.

Staff spoken with during the inspection made the following comments:

- “There are no issues but if something came up we (staff) wouldn’t wait to the next staff meeting we would just say to Ann and it would be done straight away”

Three completed questionnaires were returned to RQIA from residents. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements 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 Florence Maguire, Senior Carer, as part of the inspection process and Ann McGrath Registered Manager following the inspection. 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	
Area for improvement 1 Ref: Regulation 27 (2) (t) Stated: First time To be completed by: 3 July 2018	The registered person shall ensure a legionella risk assessment is put in place. Ref: 6.4 Response by registered person detailing the actions taken: legionella risk assesement has now been completed
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 25.8 Stated: First time To be completed by: 3 July 2018	The registered person shall ensure the smoking policy in the home is fully completed. Ref: 6.4 Response by registered person detailing the actions taken: The smoking policy has now been completed
Area for improvement 2 Ref: Standard 28.4 Stated: First time To be completed by: 3 July 2018	The registered person shall ensure there is a system in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary. Ref: 6.4 Response by registered person detailing the actions taken: There is now a system in place to check the NIAIC alerts

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



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