



Unannounced Care Inspection Report

3 December 2020



Golan View

Type of Service: Residential Care Home
Address: 72 Farmhill Road, Arvalee, Omagh BT79 0JW
Tel no: 028 8224 6684
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.

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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a residential care home registered to provide care for up to three residents.

3.0 Service details

Organisation/Registered Provider: Golan View Responsible Individual: Ann McGrath	Registered Manager and date registered: Ann McGrath - 1 April 2005
Person in charge at the time of inspection: Ann McGrath	Number of registered places: 3
Categories of care: Residential Care (RC) I – Old age not falling within any other category. MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. PH – Physical disability other than sensory impairment.	Number of residents accommodated in the residential home on the day of this inspection: 3

4.0 Inspection summary

An unannounced inspection took place on 3 December 2020 from 10.15 to 14.30.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. This inspection was undertaken in order to determine if the areas identified at the last care inspection on 8 October 2020 had been implemented and sustained. These areas for improvement were in relation to: recruitment practices, staffing arrangements and competency and capability assessments for the person in charge in the absence of the manager.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- environment
- governance and management arrangements

Residents commented positively on the care provided to them and their quality of life in the home.

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	1

The one area of improvement and details of the Quality Improvement Plan (QIP) was discussed with Ann McGrath, 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with three residents and one member of staff.

The following records were examined during the inspection:

- staff duty rotas
- seven staff competency and capability assessments
- staff training records
- four staff recruitment records
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- three residents' records of care
- COVID-19 information file
- RQIA registration certificate.

The findings of the inspection were provided to the Ann McGrath, manager, at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 8 October 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 21 (1) (a) (b) (c). Stated: First time	The registered person shall ensure that a system is in place to ensure that anyone who is left in charge of the residents' care must first have all the required recruitment checks completed and verified prior to doing so.	Met
	Action taken as confirmed during the inspection: A review of four staff recruitment records confirmed that the appropriate recruitment checks were completed for all staff working in the home.	
Area for improvement 2 Ref: Regulation 20 (3). Stated: First time	The registered person shall ensure that a system is in place to ensure that anyone who is left in charge of the residents' care must first have had a competency and capability assessment for the person in charge completed.	Met
	Action taken as confirmed during the inspection: We reviewed seven competency and capability assessments and confirmed these were completed for any staff member who is in charge of the home in the absence of the manager.	

6.2 Inspection findings

6.2.1 Staffing

When we arrived in the home we were met by the manager. During the inspection we could see that residents' needs were met promptly by the staff on duty. We could see where staff supported the residents in a respectful and unobtrusive manner.

The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated; the manager further stated that staffing levels would be adjusted when needed. Discussion with the residents and staff confirmed that they were satisfied with the staffing arrangements in the home. We could see that there was enough staff in the home to respond to the needs of the residents and provide the correct level of support.

We could see that the duty rota accurately reflected the staff working in the home and the manager's hours were recorded. The rota recorded the full names of staff however it did not record the grades of staff. An area for improvement was made in this regard.

Following review of the duty rota for week commencing 30 November 2020 we could see that the manager only worked specific hours during the day and that there was support staff in place who covered the night duty schedule. In addition we noted that the manager had identified days off on the rota and the staffing levels were maintained by support staff. Review of the rota also confirmed that on days where the manager was on duty she was supported in her role by a support worker.

We examined four specific staff recruitment records and we were able to confirm that the appropriate recruitment checks were completed for these staff including an Enhanced AccessNI check. We discussed with the manager about the requirement for all staff working in the home to register with the Northern Ireland Social care Council. The manager confirmed that these identified staff had commenced this process.

We reviewed seven staff competency and capability assessments and found that these were in place for staff in charge of the home in the manager's absence. This included all staff recorded on the duty rota.

There was an overview of staff training in place which included mandatory training and additional training where this was required.

One member of staff spoken with was knowledgeable about the needs of the residents and spoke to them kindly and with warmth. We were informed that teamwork was good and that the manager was both supportive and approachable. Staff spoken with commented positively on their work in the home; some comments included:

- "There is always enough staff on duty. This is home from home for the residents. Ann (manager) is very supportive and approachable."

6.2.2 Care delivery

We observed that residents looked well cared for; they were well groomed and appropriately dressed. It was obvious that staff knew the residents well; they spoke to them kindly and were very attentive. Residents appeared to be content and settled in their surroundings and in their interactions with staff.

The atmosphere in the home was calm, relaxed and friendly. We found that residents were chatty and engaged. Residents spoke positively about life in the home, the staff and the food.

Some comments made by residents included:

- "This place is wonderful. The manager is wonderful. The food is really good and I can get anything I want."
- "I am content and very happy here. The food is excellent. I can go outside and do some jobs outside. We have a polytunnel where we grow all kinds of fruit and vegetables."

We observed the serving of mid-morning snacks and found this to be a pleasant and unhurried experience for residents. Staff were helpful, attentive and demonstrated their knowledge of residents' dietary preferences.

We observed the serving of lunch in the dining room. Residents were offered a selection of drinks and condiments were on the tables. The food on offer was well presented and smelled appetising. The mealtime was relaxed and unhurried.

6.2.3 Care records

We reviewed three care records which evidenced that care plans were in place to direct the care required and reflected the assessed needs of the residents. The records were written in a professional manner and used language which was respectful of residents.

There was evidence within care records of care plans and associated risk assessments being completed and reviewed on a regular basis. Risk assessments including the management of falls were also present.

Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents' needs, as required.

We noted within one care record of a resident who was recently admitted to the home that the care plans and risk assessments were not fully completed. This was discussed with the manager who advised this would be prioritised.

6.2.4 Environment

We reviewed the environment and looked at bedrooms, the bathroom, lounge and the dining room. We observed that the home was warm, clean, tidy and fresh smelling throughout. Residents' bedrooms were personalised and the home was tastefully decorated. We identified an issue within one resident's bedroom. This was discussed with staff and addressed immediately. Corridors and fire exits were clear of obstruction. Equipment was found to be maintained in a clean condition and to be stored appropriately in the home.

We noted within the bathroom where an area of the flooring around the toilet was stained. The manager advised that she was awaiting installation of new flooring. The manager followed this up during the inspection.

6.2.5 Governance and management arrangements

There is a clear management structure within the home and the manager/responsible individual was available during the inspection process. Staff and residents spoken with commented positively about the manager and described her as supportive and approachable.

Areas of good practice

We observed friendly, supportive and caring interactions by staff towards residents and we were assured that there was compassionate care delivered in the home.

Areas for improvement

One area for improvement was identified in relation the staff duty rota.

	Regulations	Standards
Total number of areas for improvement	0	1

6.3 Conclusion

Throughout the inspection, residents within the home were attended to by staff in a respectful manner. The environment was clean and tidy. Feedback from residents evidenced that they were very satisfied with the standard of care being provided.

7.0 Quality improvement plan

The one area of improvement identified during this inspection is detailed in the QIP. Details of the QIP were discussed with Ann McGrath, 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 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 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: 4 December 2020</p>	<p>The registered person shall ensure that the staff duty rota records the grades of the staff working in the home.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: The staff duty rota records now have each staff members grades in place Regards Ann McGrath</p>
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