



The Regulation and
Quality Improvement
Authority

Golan View
RQIA ID: 1229
72 Farmhill Road
Arvalee
Omagh

Inspector: Bronagh Duggan
Inspection ID: IN022343

Tel: 02882246684

**Unannounced Care Inspection
of
Golan View**

6 August 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 6 August 2015 from 10.30 to 13.30. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

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

There were no requirements or recommendations made 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	1

The details of the QIP within this report were discussed with Florence Maguire person in charge as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Mrs Ann McGrath	Registered Manager: Mrs Ann McGrath
Person in Charge of the Home at the Time of Inspection: Florence Maguire Senior Carer	Date Manager Registered: April 2005
Categories of Care: RC-I, RC-MP, RC-MP(E), RC-PH	Number of Registered Places: 3
Number of Residents Accommodated on Day of Inspection: 3	Weekly Tariff at Time of Inspection: £470

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous 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 inspection we analysed the following records: Notifications of accidents and incident records submitted to RQIA and the returned Quality Improvement Plan.

During the inspection we met with two residents, and one care staff member. There were no visitors or visiting professionals to the home throughout the period of inspection.

We inspected the following records:

- Three care records
- Staff Training Records
- Relevant Policies and procedures
- Fire Safety Risk Assessment
- Complaints Records
- Minutes of Residents Meetings

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 10 March 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of requirements and recommendations from the last care inspection

No requirements or recommendation from previous inspection.

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

Is care safe? (Quality of life)

Golan View provides care for up to three residents within a domestic style bungalow. The person in charge confirmed that residents can and have spent their final days of life in the home unless there was a documented health care need to prevent this.

In our discussions with the person in charge they confirmed the home works closely with other health care professionals. They gave us an example when a terminally ill resident received care and support from the palliative care team whilst living in the home. The person in charge confirmed that assessments and care plans are updated accordingly to reflect any changes in the resident's condition. They also confirmed to us that specialist equipment including a profiling bed was made available from the community nursing team. The person in charge

confirmed to us that the staff liaise closely with the resident's families and keep family members informed of any change in the resident's condition.

Is care effective? (Quality of management)

The home had a policy in place regarding dying and death in both expected and unexpected cases. The policy included relevant information regarding who to contact, how to sensitively notify families, uphold residents last wishes and the handling of deceased residents belongings.

We inspected three care records. Two of these included relevant information regarding resident's wishes regarding their death. The person in charge confirmed that a third resident had moved to the home more recently. The person in charge confirmed that this issue would be addressed in a timely and sensitive manner.

Is care compassionate? (Quality of care)

In our discussions with the person in charge they confirmed that the needs of the dying resident are met with a strong focus on dignity and respect. They shared with us examples of how resident's family members have been supported within the home to spend as much time as they wished with their loved one during their final days.

Other residents have had the opportunity to spend time with a resident who is dying. The person in charge confirmed that following the death of a resident other residents are informed in a sensitive manner. Residents and staff have the opportunity to pay their respects and are provided with support if needed.

We reviewed a sample of compliment cards received from families of the deceased. We noted words of praise and gratitude for the compassion and kindness received during this period of care.

Areas for improvement

There were no areas of improvement in relation to this standard. Standard 14 was fully met.

Number of requirements:	0	Number of recommendations:	0
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Theme: Residents receive individual continence management and support

Is care safe? (Quality of life)

We inspected three care records. All care records included assessments and specific care plans. Care reviews were maintained on an up to date basis.

Is care effective? (Quality of management)

The home had policies in place regarding continence management and infection control. The continence policy contained relevant information relating to associated conditions, assessment and provision of care from specialist services.

We inspected staff training records. We noted up to five staff were due training in infection control. We made a recommendation in this regard.

Is care compassionate? (Quality of care)

In our discussions with the person in charge they were aware of the need to promote the values of privacy, dignity and respect when supporting residents. Observations of general care practices indicated that the residents present were comfortable and relaxed within the home environment.

Areas for Improvement

We identified one area of improvement for this theme. This theme was assessed to be met.

Number of requirements:	0	Number of recommendations:	1
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5.4 Additional areas examined

5.4.1 Residents views

We met with two residents who were in the home at the time of the inspection. Both residents expressed that they were happy with their life in the home, their relationship with staff and the care provided.

Comments from the residents included:

- "I am happy here, I have everything that I need".
- "I am doing well, I have all I need. I like to listen to music".

5.4.2 Relatives/representatives views

There were no visiting relatives/representatives to the home throughout the inspection.

5.4.3 Staff views

There were no staff members on duty other than the person in charge Florence Maguire. We provided six questionnaires to be distributed for staff to complete. We received one completed and returned questionnaire. The information received from the inspection reflected staff satisfaction relating to the areas examined.

5.4.4 General environment

We found that the home was clean and tidy. The décor and furnishings were of a good standard.

5.4.5 Accident and incident records

We requested the homes accident and incident records to compare with records submitted to RQIA. These records could not be located. We shall review accident and incident records at the next inspection.

5.4.6 Fire Safety

We inspected fire safety training records which confirmed that training was maintained on an up to date basis. The home's Fire Safety Risk Assessment had been updated accordingly. There were no obvious fire risks observed.

5.4.7 Complaints

We reviewed records of complaints. There had been no new complaints made since the previous inspection.

5.4.8 Residents meetings

We inspected the minutes of residents meetings. The records showed that meetings are held regularly and any agreed actions are acted on.

Areas for improvement

We identified no areas of improvement from the additional areas examined.

Number of requirements:	0	Number of recommendations:	0
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6. Quality Improvement Plan

The issue identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Florence Maguire person in charge as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

a. Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, Residential Care Homes Regulations (Northern Ireland) 2005.

b. Recommendations

This section outlines the recommended actions based on research, recognised sources and The DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

c. Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to RQIA's office and assessed by the inspector.

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. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan			
Recommendations			
Recommendation 1 Ref: Standard 23.3 Stated: First time To be Completed by: 29 October 2015	The registered manager should ensure that all care staff complete infection control training in keeping with RQIA mandatory training guidance. Response by Registered Person(s) Detailing the Actions Taken: <i>Three members of staff have already completed infection control training and the remainder of the staff will have infection control training completed by the 30th September 2015</i>		
Registered Manager Completing QIP	<i>Ann McGrath</i>	Date Completed	<i>9.9.2015</i>
Registered Person Approving QIP	<i>Ann McGrath</i>	Date Approved	<i>11.9.2015</i>
RQIA Inspector Assessing Response	<i>Bronagh O'Connell</i>	Date Approved	<i>17.9.2015</i>

Please ensure the QIP is completed in full and returned to care.team@rqia.org.uk from the authorised email address