

# Unannounced Care Inspection Report 6 December 2016



## Golan View

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

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Golan View took place on 6 December 2016 from 11.00 to 14.45.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

### **Is care safe?**

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

No requirements or recommendations were made in relation to this domain.

### **Is care effective?**

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

No requirements or recommendations were made in relation to this domain.

### **Is care compassionate?**

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.

No requirements or recommendations were made in relation to this domain.

### **Is the service well led?**

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.

No requirements or recommendations were made in relation to this domain.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Ann McGrath, registered manager / provider as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the Quality Improvement Plan (QIP), there were no further actions required to be taken following the most recent care inspection on 14 July 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Ann McGrath	<b>Registered manager:</b> Ann McGrath
<b>Person in charge of the home at the time of inspection:</b> Ann McGrath	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> 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	<b>Number of registered places:</b> 3

## 3.0 Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incidents submitted to RQIA since the previous care inspection, the returned QIP and the previous inspection report.

During the inspection the inspector met with one resident and the registered manager.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Two resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Cleaning records
- Accident/incident/notifiable events register
- Annual Quality Review report
- Minutes of recent residents' meetings
- Fire safety risk assessment
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, fire drills etc
- Individual written agreement
- Programme of activities
- Policies and procedures manual

A total of seven questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Five questionnaires were returned within the requested timescale.

#### **4.0 The inspection**

##### **4.1 Review of requirements and recommendations from the most recent inspection dated 27 July 2016.**

The most recent inspection of the home was an unannounced medicines management inspection. The completed QIP was returned and approved by the pharmacist inspector. This QIP will be validated by the pharmacist inspector at the next medicines management inspection.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 14 July 2017.

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 16.1 <b>Stated:</b> First time	The registered provider should ensure the homes policy on safeguarding vulnerable adults is reviewed and updated to reflect new regional guidance including the name of the identified safeguarding champion for the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The safeguarding policy was reviewed and updated to reflect the new regional guidance and included the details of the identified safeguarding champion for the home.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 6.2 <b>Stated:</b> First time	The registered provider should ensure the identified residents care plan and risk assessment is updated to reflect the use of an alarm mat.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The identified care plan and risk assessment had been updated accordingly.	

#### 4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these 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 one resident present in the home.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

One completed induction record was viewed during the previous inspection. The registered manager confirmed that no new staff had been recruited since the previous inspection therefore there were no new induction records to view.

Discussion with the registered manager and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. A review of records showed that these were being maintained on an up to date basis.

The registered manager 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; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed

and found to be satisfactory during the previous inspection. As already stated, no new staff members had been recruited since the previous inspection.

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

The adult safeguarding policy and procedure in place was consistent with the current regional guidance. A safeguarding champion has been established. Discussion with the registered manager confirmed that she was aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015). A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The registered manager confirmed there had been no recent referrals made to the safeguarding team. Discussion with the registered manager confirmed that 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; written records would be retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection, none were observed.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. fire safety. Review of records maintained in the home showed that specific cleaning duties were completed on a daily and weekly basis.

An infection prevention and control (IPC) policy and procedure was in place. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Residents had also completed training in relation to infection prevention and control. This is commended. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap and disposable towels wherever care was delivered. Good standards of hand hygiene were observed to be promoted within the home. 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 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 personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

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. There were no obvious hazards to the health and safety of residents, visitors or staff.

The home had an up to date fire risk assessment in place dated 11 October 2016. No recommendations were made. Review of staff training records confirmed that staff completed fire safety training twice annually; residents also completed fire safety training. This is commended. The most recent fire drill was completed on 11 October 2016. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly / monthly and were regularly maintained.

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

Comments received from a completed questionnaire were as follows:

- Everyone (is) well cared for in the home and all their needs met.

### Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
-------------------------------	---	----------------------------------	---

### 4.4 Is care effective?

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 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. 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 residents. Discussion with the registered manager confirmed that a person centred approach underpinned practice. For example, residents are encouraged to maintain individual interests such as looking after animals and attending local day centres.

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

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Care plans and risk assessments are reviewed at regular intervals or when there is a change in the residents' condition / situation. Residents also participated in annual care reviews. Further evidence of audit was contained within the annual quality report. The registered manager provided a copy of the residents / representatives questionnaire which has been further developed from 2015 and which shall be distributed for completion by residents and representatives in December 2016

The registered manager confirmed 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. The registered manager confirmed that management operated an open door policy in regard to communication within the home.

One resident spoken with and observation of practice evidenced that staff were able to communicate effectively with residents and other key stakeholders. Minutes of resident meetings were reviewed during the inspection; the most recent residents meeting was held on 6 October 2016.

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. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

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

### Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
-------------------------------	---	----------------------------------	---

### 4.5 Is care compassionate?

The registered manager confirmed 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 were in place which supported the delivery of compassionate care. Discussion with one resident and review of records confirmed that residents' spiritual and cultural needs were met within the home. Discussion with one resident and the registered manager confirmed that 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.

The registered manager and one resident spoken with confirmed that consent was sought in relation to care and treatment. Discussion with one resident, along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. The registered manager was fully aware of promoting residents' rights, independence and dignity and was able to demonstrate how residents' confidentiality was protected.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. One resident spoken with confirmed that their views and opinions were taken into account in all matters affecting them.



Discussion with the registered manager and resident and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner .

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them, for example residents' meetings, annual reviews, informal interactions.

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 which was made available for residents and other interested parties to read. Questionnaires were due to be distributed in December 2016. The registered manager confirmed that any actions identified as a result of the consultation would be addressed.

Discussion with one resident, the registered manager, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example, residents were encouraged to look after hens and geese on site, to visit local shops, attend local day centres and maintain links with their friends, families and wider community.

One resident spoken with during the inspection made the following comments:

- "Aye, I like it here alright. I have all that I need. The food is very good. I like to go out and look after the animals."

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

### Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
-------------------------------	---	----------------------------------	---

### 4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. 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. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and information 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. The registered manager confirmed there had been no new complaints made since the previous inspection.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

Satisfaction surveys were completed on an annual basis and residents and their representatives had opportunities to share their views with regard to the care provided.

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

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities, for example training in regard to whistleblowing was provided for staff.

There was a clear organisational structure the registered manager confirmed 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 confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were available.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the registered manager confirmed that any adult safeguarding issues would be managed appropriately and that reflective learning would take place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place. The registered manager confirmed that staff could also access line management to raise concerns and that they will offer support to staff.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Five completed questionnaires were returned to RQIA from residents and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied.

## Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
-------------------------------	---	----------------------------------	---

### 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

 @RQIANews