

# Inspection Report

8 February 2023



## Golan View

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

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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

|   |  |
|---|--|
| <p><b>Organisation/Registered Provider:</b><br/>Golan View</p> <p><b>Registered Person:</b><br/>Mrs Ann McGrath</p>   | <p><b>Registered Manager:</b><br/>Mrs Ann McGrath</p> <p><b>Date registered:</b><br/>01 April 2005</p>           |
| <p><b>Person in charge at the time of inspection:</b><br/>Mrs Ann McGrath</p>   | <p><b>Number of registered places:</b><br/>3</p>   |
| <p><b>Categories of care:</b><br/>Residential Care (RC)<br/>I – Old age not falling within any other category.<br/>MP – Mental disorder excluding learning disability or dementia.<br/>MP(E) - Mental disorder excluding learning disability or dementia – over 65 years.<br/>PH – Physical disability other than sensory impairment.</p>                                 | <p><b>Number of residents accommodated in the residential care home on the day of this inspection:</b><br/>3</p> |
| <p><b>Brief description of the accommodation/how the service operates:</b><br/>This home is a registered Residential Care Home which provides health and social care for up to three residents. The home is a single storey domestic type building and all residents have their own bedrooms. All residents have access to communal spaces and a garden area outside.</p> |  |

## 2.0 Inspection summary

An unannounced inspection took place on 8 February 2023 from 10.30am to 2pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

The home was warm and free from malodour. We observed that staff were familiar with the needs of the residents and knew the residents well. Staff confirmed that they were supported in their roles with training and resources.

Residents said that they were happy in the home and the staff helped them when they needed help. Residents confirmed that they would have no issue with raising any concerns or complaints to staff. Specific comments received from residents are included in the main body of this report.

Three new areas requiring improvement was identified in relation to staff recruitment, oversight of NISCC and care records.

RQIA were assured that the delivery of care and service provided in Golan View was safe, effective and compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Golan View.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the returned quality improvement plan, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

### **4.0 What people told us about the service**

We met with three residents and one staff member during the inspection.

Residents told us that they were happy living in the home. They described the staff as helpful and friendly. Residents stated that they enjoyed the food and there was always a choice of food available. Comments included: "I am getting on well in here. The staff are good and I could go to Ann (manager) about anything." "I am happy enough in here. If I had any problems I would

just tell Ann (manager).” and “I am so happy in here. I feel safe and so content. The food is brilliant. I find there is always something to do; I like to help the manager tidy up.” Staff spoke positively about working in the home and advised there was good team work within the home. Discussion with the staff confirmed that they were knowledgeable in relation to the specific needs of the residents. Staff said that the manager was very approachable and that they felt well supported in their role. Comments included: “This is a good home; the residents are safe and well cared for. There is enough staff on duty all the time and we receive regular training.”

No completed questionnaires or responses to the on-line staff survey were received following the inspection.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

| Areas for improvement from the last inspection on 18 November 2021   |  |                          |
|--|--|--------------------------|
| Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1) |  | Validation of compliance |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Standard 27.1<br><br><b>Stated:</b> First time                    | The registered person shall ensure the following are addressed: <ul style="list-style-type: none"> <li>• Replace the flooring in the bathroom</li> <li>• Replace the rusted shelving on the wall.</li> </ul> | <b>Met</b>               |
|  | <b>Action taken as confirmed during the inspection:</b><br>There was evidence that this area for improvement was met.  |                          |

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect residents. However, we noted within two recruitment records where the Enhanced AccessNI certificate was retained on file. This was identified as an area for improvement.

The manager had a system in place to monitor staff’s professional registration with the Northern Ireland Social Care Council (NISCC). Records in the home confirmed that staff were registered with NISCC. The manager was advised to complete and record regular checks to ensure that staff registration is maintained on an up to date basis. This was identified as an area for improvement.

There were systems in place to ensure staff were trained and supported to do their job. There was evidence in place to verify that staff received regular supervision and appraisal. Staff received training in a range of topics including moving and handling, fire safety and adult safeguarding.

Competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty. Advice was given to the manager that it would be good practice to review these assessments on an annual basis.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. The person in charge told us that the staffing arrangements were reviewed regularly to ensure that any changing needs of the residents were met. It was noted on the day of the inspection that there was enough staff in the home to respond to the needs of the residents in a timely way.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner, for example, staff were observed to attend to residents' personal care needs promptly.

Residents said that they felt safe in the home and that staff were always available and were kind to them. One comment made was "I feel very safe in here".

## 5.2.2 Care Delivery and Record Keeping

Staff were knowledgeable of residents' needs, their daily routines, and their likes and dislikes. We observed staff to be prompt in recognising residents' needs and any early signs of request for assistance. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs.

Staff interactions with residents were observed to be friendly, polite, warm and supportive. We observed residents able to walk around freely.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The lunchtime dining experience was seen to be a pleasant opportunity for residents to socialise and the atmosphere was calm and relaxed. The food was attractively presented and smelled appetising, and good portions were provided. Residents told us they very much enjoyed the food provided in the home. Appropriate supervision and support was readily available from staff. There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

Residents' needs were assessed at the time of their pre admission to the home. Following admission care plans were developed in consultation with the resident, their next of kin and their aligned named worker to direct staff on how to meet residents' needs. In addition, any advice or directions by other healthcare professionals was included in the assessment and care plans. Residents' care records were held safely and confidentially.

Residents' individual likes and preferences were reflected throughout the records. Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

While there were care plans and risk assessments in place in relation to the management of smoking; these records did not provide sufficient detail. This was identified as an area for improvement to ensure that care plans are developed to direct resident care.

Residents commented positively on the care delivery in the home and praised the meal provision. Residents said they felt well looked after and that staff were helpful and friendly.

Staff reported that the care provided to the residents was of a good standard and they were always involved in their care.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was clean, tidy and free from odour. Communal lounges and dining rooms were welcoming spaces for residents. Communal lounges and dining rooms were welcoming spaces for residents. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. One resident commented "This is a great place. I love my room; it's very cosy."

The latest fire risk assessment was completed on 23 November 2022; this assessment resulted in no actions. Fire exits and corridors were observed to be clear of clutter and obstruction.

Throughout the home there was evidence of accessible PPE and hand sanitisers within each communal area. During the mealtime staff were observed to be wearing the correct personal protective equipment (PPE) and to adhere to the correct infection control guidelines.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

### **5.2.4 Quality of Life for Residents**

The atmosphere in the home was homely and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. It was observed that staff offered choices to residents throughout the day which included preferences for what clothes they wanted to wear and where and how they wished to spend their time.

Staff were seen to be attentive to residents needs including their social well-being. We observed some residents reading their daily paper and watching television. One comment was "I like getting outside to do my jobs."

The genre of music and choice of television programmes played in the home was appropriate to residents' preferences and this helped create the nice atmosphere in the home.

Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

Two residents made the following comments; “I am so happy in here and so well cared for” and “I love it here; it’s a great place.”

### 5.2.5 Management and Governance Arrangements

There has been no change in the management since the last care inspection.

Staff members were aware of who the manager of the home was, their own role and responsibilities in the home and how to raise any concerns or worries about the residents, care practice or the environment.

Discussion with the manager confirmed that there were good working relationships between the manager and the staff team. Staff commented positively about the manager and described her as approachable and accessible. One comment made was “Ann is a good manager; she is very supportive to her staff.”

There was a system in place to manage complaints and the manager was knowledgeable in relation to this.

There was evidence of a system of auditing in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents’ next of kin, their care manager and to RQIA.

While the registered person is also the registered manager; a monthly monitoring report was completed each month which consulted with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed and a copy was retained in the home to view.

### 7.0 Quality Improvement Plan/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/or the Residential Care Homes’ Minimum Standards (August 2011) (Version 1:1).

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of Areas for Improvement</b> | 0           | 3         |

Areas for improvement and details of the Quality Improvement Plan were discussed with Ann McGrath, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

| <b>Quality Improvement Plan</b>  |  |
|--|--|
| <b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>                                  |  |
| <b>Area for improvement 1</b><br><br><b>Ref:</b> Standard 19.3<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>With immediate effect | The registered person shall Enhanced AccessNI certificates are not stored in staff recruitment files.<br><br>Ref: 5.2.1<br><br><b>Response by registered person detailing the actions taken:</b><br>All certificates are now removed from staff files  |
| <b>Area for improvement 2</b><br><br><b>Ref:</b> Standard 20.3<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>With immediate effect | The registered person shall ensure that regular checks are undertaken and recorded to ensure staff registration with NISCC is maintained on an up to date basis.<br><br>Ref: 5.2.1<br><br><b>Response by registered person detailing the actions taken:</b><br>A new record sheet is now in place to do monthly NISCC checks |
| <b>Area for improvement 3</b><br><br><b>Ref:</b> Standard 6.2<br><br><b>Stated:</b> First time<br><br><b>To be completed by:</b><br>8 March 2023           | The registered person shall ensure that care plans in relation to the management of smoking are developed to include sufficient detail so as to direct resident care.<br><br>Ref: 5.2.2<br><br><b>Response by registered person detailing the actions taken:</b><br>All care plans are now being updated re smoking policy   |

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





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