



# Announced Care Inspection Report 8 October 2020



## Golan View

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

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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 residential care for up to 3 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Golan View  <b>Responsible Individual:</b> Ann McGrath	<b>Registered Manager and date registered:</b> Ann McGrath 1 April 2005
<b>Person in charge at the time of inspection:</b> Ann McGrath	<b>Number of registered places:</b> 3
<b>Categories of care:</b> 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.	<b>Number of residents accommodated in the residential home on the day of this inspection:</b> 2

### 4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

Following a risk assessment RQIA decided to undertake a remote inspection of this home. The following areas were examined during the inspection:

- staffing
- management arrangements
- governance systems
- infection prevention and control
- quality of life for residents
- quality improvement
- nutrition
- safeguarding
- consultation.

Residents consulted with spoke positively regarding their experience of living in Golan View and some of their comments can be found in the main body of the report.

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
<b>Total number of areas for improvement</b>	2	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Ann McGrath, registered person and Florence Maguire, deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action resulted from the findings of this inspection.

As a result of this inspection RQIA were concerned that some aspects of the service delivery in Golan View were below the standard expected. Deficits were identified in the staffing arrangements and with the fitness of workers. A decision was made to invite the registered person to a serious concerns meeting to discuss the breaches under The Residential Care Homes Regulations (Northern Ireland) 2005; Regulation 27 (1) (a) and (3) and Regulation 21 (1) (a) (b) and (c).

The meeting was held remotely using technology on 19 October 2020. At this meeting Ann McGrath, registered person and Florence Maguire, deputy manager, acknowledged the deficits identified and provided a full account of the actions and arrangements put into place to ensure the necessary improvements. RQIA were provided with appropriate assurances and the decision was made to take no further enforcement action at this time.

The enforcement policies and procedures are available on the RQIA website at [https://www.rqia.org.uk/who-we-are/corporate-documents-\(1\)/rqia-policies-and-procedures/](https://www.rqia.org.uk/who-we-are/corporate-documents-(1)/rqia-policies-and-procedures/)

Enforcement notices for registered establishments and agencies are published on RQIA's website at <https://www.rqia.org.uk/inspections/enforcement-activity/current-enforcement-activity> with the exception of children's services.

## 5.0 How we inspect

To reduce the risk to residents during the pandemic outbreak, this inspection was carried out remotely. Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- a selection of quality assurance audits
- organisational structure
- complaints review
- compliments records
- duty rota from 1 August to 30 September 2020
- incident and accident review
- minutes of residents'/relatives'/staff meetings
- two residents' nutritional care records
- menus.

During the inspection RQIA were able to consult with residents and staff using technology.

Questionnaires were also sent to the manager in advance of the inspection to obtain feedback from residents and residents' representatives and staff. A poster was provided to the manager to display and distribute to residents' representatives with details of the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

Following a review of the information submitted to RQIA, the inspection took place remotely, using technology, with Ann McGrath, manager.

The findings of the inspection were provided to the 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 14 January 2020. There were no areas for improvement identified as a result of the last care inspection.

### 6.2 Inspection findings

#### Staffing

Prior to the inspection we reviewed the duty rota for the month of September 2020. The manager was scheduled to work all day, every day of September. Supporting the manager was a deputy manager and three carers who were available to work shifts, usually from 09:00 – 14:00 or 10:00 – 14:00. During September there were only 10 morning shifts worked by other staff. There was no night duty schedule.

Through discussion we established that when the manager was on holiday identified persons, well known to the residents, were in charge of the residents' care during the night time. We also established that during the day, when another staff member was not on duty and the manager had to leave the home for any reason, another one of the identified group would take charge of the residents' care. None of the identified group had been appropriately recruited, including Access NI checks, nor were they registered with the Northern Ireland Social Care Council.

As a result of this a serious concerns meeting was held on 19 October 2020 with the manager and deputy manager. At this meeting the manager confirmed the actions taken since the inspection. The manager informed us that any person who will be left in charge of residents will have a full recruitment check completed in line with Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005; have a competency and capability assessment for the person in charge completed and will register with the Northern Ireland Social Care Council. RQIA were satisfied with the actions already taken and with the assurances provided and agreed to take no further enforcement action at this time. An area for improvement was made

to ensure that anyone who is left in charge of the residents' care must first have had all the required recruitment checks completed and verified prior to doing so. An additional area for improvement was made 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.

Both residents had been accommodated in the home for a substantial period of time and both spoke very positively of the care provision in the home. Both residents were very complimentary in relation to engagements with the staff in the home and raised no concerns regarding staffing or any of the care provided.

Five staff had been employed to work in the home. All staff employed had remained in the home over 10 years. The manager confirmed that each staff member had a personal staff file which included any training that they had attended, competencies completed, appraisals completed and any staff supervisions which have been completed. The manager confirmed that in addition to the files, a training book was maintained to ensure that all staff completed mandatory training.

Staff meetings were conducted quarterly in the home. Minutes of the meetings were recorded and listed the attendees. The manager advised that meetings were generally held in the evening time to encourage good attendance. The previous meetings held during April and July 2020 were focused on lockdown measures and with updates on COVID – 19 guidance.

### **Management arrangements**

The management arrangements have not changed since the last inspection and there was a clear organisational structure in the home. The manager confirmed that they lived onsite and were contactable at any time.

### **Governance systems**

Prior to the inspection we requested copies of audits to be sent to RQIA for review. The manager confirmed that with only two residents accommodated in the home, the number of accidents and/or incidents was low. An incident had been recorded during August 2020. We discussed events which were notifiable to RQIA and the Trust. The manager had a good knowledge of which incidents were reportable.

The manager confirmed that no recent complaints had been made. We discussed the importance of recording any area of dissatisfaction brought to their attention as a complaint. The manager confirmed that they would do this. Discussion with both residents did not identify any concerns from either one.

Residents' weights were monitored on a monthly basis to review any weight loss or weight gain. The manager confirmed that this was to prevent unhealthy weight gain and to identify measures to take, where appropriate, when weight loss was recognised. Both records evidenced that residents' weights were stable.

Residents' care records had been maintained. Risk assessments were completed and care plans were developed which were reflective of risk assessments. Care records had been signed by the residents. The manager confirmed that annual care reviews had been conducted.

The manager confirmed that management in the home kept up to date with COVID-19 guidance through a review of the guidance documentation sent from authorities such as Department of Health (DOH), Public Health Agency (PHA) and RQIA. Any change of guidance would be discussed with staff on duty and communicated to staff during the next shift handovers. A COVID-19 guidance file was maintained in the home and staff were aware that they could make reference to the file to confirm up to date guidance. All updates were discussed at staff meetings.

### **Infection prevention and control**

The manager confirmed that throughout the pandemic the home had remained free from COVID-19. All staff in the home had received infection prevention and control training which included hand hygiene and the use of personal protective equipment. Cleaning schedules were maintained in the home and the manager confirmed that enhanced cleaning measures were in place. The frequency in the cleaning of regular touchpoints such as door handles, light switches and pull cords had increased.

The manager confirmed that spot checks were conducted on domestic cleaning; staffs' hand hygiene practices and compliance with staffs' use of personal protective equipment (PPE). However, a record of any spot checks had not been recorded. Following discussion, the manager provided an assurance that this will now be recorded.

The manager confirmed that when staff presented to the home, their temperatures were checked; staff sanitised their hands and PPE was donned before any contact with residents. Staff were aware not to come to the home if they were experiencing any signs or symptoms of COVID-19. The manager confirmed that all staff and residents' temperatures were checked twice a day as a means to quickly identify developing symptoms. In addition and as part of the regional testing programme, all staff were tested for COVID-19 on a two weekly basis and both residents on a four weekly basis.

Visiting professionals were also required to wear PPE on entering the building. The manager confirmed that only essential, professional visitors came to the home. Social distancing measures were adhered to during these visits. The visiting professionals' temperatures were checked and hands sanitised before entering the home.

The manager confirmed the arrangements when residents' visitors came to see them. The visitor would notify the home prior to the visit. The visit was generally outdoors weather permitting, however, if the weather was poor, an indoor visit would be facilitated. PPE would be worn and social distancing maintained. As an additional protective measure, the manager had purchased a mobile perspex screen which would be placed between the resident and visitor. The visitor's temperature would be checked on entry to the home and their hands sanitised.

### **Quality of life for residents**

Both residents confirmed that they were very happy living in the home. Residents were afforded choice of how they wished to spend their day. One told us, prior to the COVID – 19 pandemic and lockdown, how they would frequently leave the home to visit friends when they wanted to. The residents confirmed that staff have always treated them with respect and dignity.



Both residents had a love for gardening and described how they have been growing vegetables and flowering plants in the garden and indoors. The manager confirmed that a new polytunnel had been purchased so that the residents could continue gardening even if the weather was poor. Both residents spoke positively in relation to the new polytunnel.

During the inspection we undertook a virtual walk around the home with the use of technology. Bedrooms and communal rooms reviewed were clean and tidy. The residents' bedrooms were personalised with their belongings. Corridors were clear of any clutter or obstruction. Staff were observed to be wearing PPE appropriately. The residents had their own identified seating areas in the home and garden as well as the privacy of their bedrooms. Staff knocked on residents' doors before entering. A games table was available in the sitting room should the residents wish to avail of this.

Residents' meetings were conducted three monthly in the home and minutes of these meetings were maintained. During the meetings, residents were asked for their opinion on areas of care such as activities, food provision and visiting. The manager confirmed that there were frequent informal meetings in the evenings with tea and buns to keep residents up to date with guidance on COVID-19 and any changes in daily routines that this may bring or just to have a chat about anything the residents wished to discuss.

### **Quality improvement**

We discussed recent quality improvements in the home to further enhance the residents' experience. As previously stated, a new polytunnel had been erected to facilitate the residents with gardening. New patio furniture had also been purchased for the garden area.

Every room in the home had recently been redecorated. Flooring had been replaced in the hallway, kitchen and bedrooms. New chairs for residents' bedrooms had been purchased and the television in one of the rooms had been replaced.

### **Nutrition**

Each resident had their weight monitored on a monthly basis. The manager confirmed that no-one in the home required to have their food modified. All residents were independent in consuming their meals and did not require any physical assistance from staff or any aids with this area of care.

Residents spoke positively in relation to the food provision in the home. One told us, "You always get whatever you like". Staff were aware of the residents' likes and dislikes and residents had a choice of meal at mealtimes. Records of all food served in the home were maintained.

### **Safeguarding**

An adult safeguarding champion had been identified in the home and records had been maintained of any safeguarding issues. There were no restrictive practices in use in the home. All staff had completed safeguarding training dependent on their role. Training had been provided online and had made reference to the Mental Capacity Act (NI) 2016.



## Consultation

The home was notified of the planned inspection 28 days prior to the inspection date and an inspection pack was sent to the home at this time. This included an inspection poster which was displayed in the home and informed residents and their representatives of contact telephone numbers and/or an email address that they could contact to provide feedback on the care provision in the home. We did not receive any feedback.

We also provided the home with questionnaires to be distributed to residents, residents' representatives and staff. Staff also had the opportunity to complete an online survey. We did not receive any responses.

During the virtual walkaround we engaged with the two residents who were positive in their feedback in relation to the care provision in the home and the environment. No residents' relatives/representatives were available for consultation during the inspection.

We consulted with the staff member on duty who spoke positively about working in the home. They confirmed the communicative arrangements in place when guidance regarding COVID – 19 changed. They also confirmed that they were satisfied with the training provision in the home and that if they ever had to raise a concern; they felt that they would be listened to.

Any comments from residents, residents' representatives and staff in returned questionnaires or online responses received after the return date will be shared with the manager for their information and action, as required.

The manager confirmed that the majority of compliments received in the home were verbal and these compliments would be shared with staff. Any compliment card received would be pinned to a noticeboard for staff to see.

## Areas for improvement

Areas for improvement were made in relation to the fitness of workers and completion of competency and capability assessments for the person in charge.

	Regulations	Standards
<b>Total number of areas for improvement</b>	2	0

## 6.3 Conclusion

Overall the feedback to the home was positive. There were stable management arrangements in the home. Residents were positive in their feedback of the care they received and appreciated the recent environmental improvements. We had identified deficits in staffing and fitness of workers, however, following a serious concerns meeting RQIA were provided with appropriate assurances and the decision was made to take no further enforcement action at this time. An area for improvement was made.

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ann McGrath, registered person and Florence Maguire, deputy 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.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21 (1) (a) (b) (c).  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	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.  Ref: 6.2
	<b>Response by registered person detailing the actions taken:</b> All staff have completed their recruitment checks and are verified .All staff have now been Access N I checked
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 20 (3).  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	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.  Ref: 6.2
	<b>Response by registered person detailing the actions taken:</b> All staff now have competency and capability assessment carried out

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



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