



Unannounced Care Inspection Report

11 April 2019



Golan View

Type of Service: Residential Care Home
Address: 72 Farmhill Road, Arvalee, Omagh BT79 0JW
Tel no: 02882246684
Inspector: Bronagh Duggan

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 registered residential care home which provides care for up to three residents. The home is part of a domestic style bungalow which is set in a rural location and provides care within the categories as outlined in Section 3.0 of this report.

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	Total number of residents in the residential care home on the day of this inspection: 2

4.0 Inspection summary

An unannounced care inspection took place on 11 April 2019 from 09.45 to 13.45 hours.

The inspection assessed progress with any areas for improvement identified during and since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led. During the inspection the inspector met with two residents, one care staff and the registered manager.

Evidence of good practice was found in relation to staffing, staff recruitment, induction, training, supervision and appraisal, communication between residents, staff and other key stakeholders, supporting resident's individual interests and maintaining good working relationships.

Areas requiring improvement were identified in relation to the completion and action of a risk assessment regarding the works outside of the home and to ensure a recent photograph is included in the identified care record.

Residents described living in the home in positive terms.

Comments received from residents and one staff member during the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Ann McGrath, registered 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.

4.2 Action/enforcement taken following the most recent care inspection dated 3 May 2018

The most recent care inspection of the home was on 3 May 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home.
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home.
- observe practice and daily life.
- review documents to confirm that appropriate records are kept.

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. One completed questionnaire was returned within the identified timescale, the respondent indicated they were very satisfied with the care provided.

During the inspection a sample of records was examined which included:

- staff duty rotas from 27.3.19 to 11.4.19
- staff training records
- one staff recruitment and induction record
- two residents' records of care
- complaint records

- accident and incident records from May 2018 to April 2019
- cleaning records
- records of meals provided
- minutes of staff meetings
- minutes of resident meetings
- sample of policies and procedures
- RQIA registration certificate

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 18 December 2018

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

6.2 Review of areas for improvement from the last care inspection dated 3 May 2018

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 27 (2) (t) Stated: First time To be completed by: 3 July 2018	The registered person shall ensure a legionella risk assessment is put in place.	Met
	Action taken as confirmed during the inspection: The registered manager provided a copy of the legionella risk assessment that had been put in place for the home. A copy of the risk assessment was shared with RQIA estates inspectorate.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 25.8 Stated: First time To be completed by: 3 July 2018	The registered person shall ensure the smoking policy in the home is fully completed.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of the home's smoking policy showed it had been fully completed. The general presentation of the policy was discussed with the registered manager and how it could be improved upon.	
Area for improvement 2 Ref: Standard 28.4 Stated: First time To be completed by: 3 July 2018	The registered person shall ensure there is a system in place to regularly check the Northern Ireland Adverse Incidence Centre (NIAIC) alerts and action as necessary.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and review of records maintained in the home showed there was a system in place to regularly check the Northern Ireland Adverse Incident Centre (NIAIC) and action alerts as necessary.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

The registered manager and staff member present in the home advised that the staffing levels for the home 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 residents and staff. A review of the duty rota confirmed that it reflected the staff working in the home.

A review of one completed induction record and discussion with the care staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with the registered manager and care staff member confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were reviewed during the inspection.

Discussion with 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. Staff competency and capability assessments were reviewed and found to be satisfactory.

Discussion with the registered manager and review of staff files confirmed that staff were recruited and appropriate records were maintained. The registered manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment.

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements and contact information. The registered manager advised an annual safeguarding position report had been completed for the period 1 April 2018 to 31 March 2019; this was available during the inspection. The registered manager confirmed the report reflected the safeguarding position of the home for the identified time period.

The care staff spoken with was knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, and review of accident and incidents notifications, care records and complaints records, confirmed that there had been no recent safeguarding issues.

The registered manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met.

The registered manager advised there were no restrictive practices within the home and on the day of the inspection none were observed.

Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with the care staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, and towels wherever care was delivered.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. 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.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated.

Inspection of the internal environment identified that the home was kept tidy, safe and suitable for residents, staff and visitors. It was noted there was some construction work being completed to the outside of the home; debris was observed to the back of the home, potentially causing a hazard if residents were to visit the area. This issue was discussed with the registered manager, as was the need to ensure a risk assessment was completed regarding the potential impact of the works on residents and visitors to the home and to ensure any findings are actioned accordingly to minimise risk. This was identified as an area for improvement to comply with the standards.

Review of staff training records confirmed that staff had completed fire safety training twice annually. Residents were also supported to complete fire safety training; this is good practice. Walkways and exits in the home were kept clear; there were no obvious fire hazards within the home environment.

Staff spoken with during the inspection made the following comments:

- “Staffing levels are ok, no issues. There is a regular routine; residents are supported to go out. Mandatory training is done every year; supervision is planned with Ann.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, and infection prevention and control.

Areas for improvement

One area for improvement was identified in relation to ensuring a risk assessment was completed regarding the outside works; any findings should be actioned accordingly.

	Regulations	Standards
Total numb of areas for improvement	0	1

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome.

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

Records were stored safely and securely in line with data protection. A review of two care records showed 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. The need to ensure one of the identified care plans was reviewed was discussed with the registered manager as it was last reviewed in February 2018. In addition, a recent photograph of the resident should be added to the care records. This was identified as an area for improvement to comply with the standards. Records showed care needs assessment and risk assessments (e.g. smoking, mobility, 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 resident. An individual agreement setting out the terms of residency was in place and appropriately signed.

The registered manager advised none of the residents required specialist dietary or speech and language therapist (SALT) input but that arrangements would be made if necessary. Records were maintained in the home of meals provided for residents. There was a system in place to regularly review weights of residents. The registered manager confirmed any significant changes in weight would be responded to appropriately.

Discussion with staff confirmed that a person centred approach underpinned practice. The care staff was able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example, residents are encouraged to maintain individual interests such as tending to animals and attending local day centres.

The registered manager advised 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. Minutes of staff meetings and resident meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the senior carer confirmed that management operated an open door policy with regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example, the latest RQIA inspection reports were available on request for residents, their representatives any other interested parties to read.

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.

Areas of good practice

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

Areas for improvement

One area for improvement was identified during the inspection; this related to ensuring a recent photograph of an identified resident is included in the identified care record.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The registered manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect of residents.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. The care staff member described their awareness of promoting residents' rights, independence, dignity and explained how confidentiality was protected.

Discussion with the registered manager and residents confirmed that residents' spiritual and cultural needs were met within the home, for example residents are supported to attend their preferred place of worship if they so wish.

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.

Discussion with the registered manager, residents, and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents were listened to, valued and communicated with in an appropriate manner; and their views and opinions were taken into account in all matters affecting them. For example, residents were encouraged and supported to actively participate in the annual reviews of their care; other systems of communication included residents' meetings. The registered manager advised because of the small size of the home residents views were responded to on an informal and daily basis.

Residents were consulted with, at least annually, about the quality of care and environment. Completed questionnaires were reviewed during the inspection these reflected residents' satisfaction with the care provided.

Discussion with the registered manager, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities, for example attending local centres, tending to animals, and visiting local shops. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents spoken with during the inspection made the following comments:

- "I am getting on alright, it's good here. The food is nice."
- "I'm happy enough."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing residents, and supporting resident's individual interests.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The registered manager outlined the management arrangements in place within the home and stated that 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 information on display in the home. There had been no new complaints recorded since the previous inspection.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events showed there had been no new accidents or incidents recorded since the previous inspection.

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

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example staff had completed training in whistleblowing and health and safety.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide.

The returned QIP confirmed that the registered provider responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed appropriately.

The home had a whistleblowing policy and procedure in place and discussion with the care staff confirmed that they were knowledgeable regarding this. The care staff member advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with the care staff member confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to quality improvement and maintaining good working relationships.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 Mc Grath, registered 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 care 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	
Area for improvement 1 Ref: Standard 27.5 Stated: First time To be completed by: 10 April 2019	The registered person shall ensure a risk assessment is completed regarding the potential impact of the works outside on residents and visitors to the home, and to ensure any findings are actioned accordingly to minimise risk. Ref: 6.4 Response by registered person detailing the actions taken: There is now a completed risk assesment regarding works outside on residents and visitors to the home
Area for improvement 2 Ref: Standard 8.6 Stated: First time To be completed by: 11 April 2019	The registered person shall ensure the identified resident's records contain a recent photograph of the resident. Ref: 6.5 Response by registered person detailing the actions taken: The resident records now have a recent photograph

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
📍 @RQIANews

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