



Unannounced Care Inspection Report 14 January 2020



Golan View

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

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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 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.

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: 3

4.0 Inspection summary

An unannounced inspection took place on 14 January 2020 from 09.00 hours to 13.30 hours.

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 August 2011.

The inspection assessed progress with any areas for improvement identified 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.

There were examples of good practice found throughout the inspection in relation to staffing, staff recruitment, induction, training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management, the home's environment, record keeping, audits and reviews, and communication between residents, staff and other key stakeholders. There were further examples of good practice found in relation to the culture and ethos of the home, dignity and privacy, listening to and valuing patients and their representatives, taking account of the views of residents, robust governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Residents were seen to be relaxed and comfortable in their surroundings and in their interactions with staff and described living in the home in positive terms.

Comments received from residents and staff during and after 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 residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Ann McGrath, responsible individual, 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.

4.2 Action/enforcement taken following the most recent inspection dated 11 April 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 11 April 2019. 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.

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

- staff duty rotas from 1 January 2020 to 22 January 2020
- staff training records
- one staff recruitment and induction record
- three residents' records of care
- complaint records

- accident and incident records from 11 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 Ann McGrath at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 11 April 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 27.5 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: A review of documentation confirmed that at the time a risk assessment had been completed regarding the potential impact of the works outside on residents and visitors to the home. The work has been completed.	
Area for improvement 2 Ref: Standard 8.6 Stated: First time	The registered person shall ensure the identified resident's records contain a recent photograph of the resident.	Met
	Action taken as confirmed during the inspection: The identified resident has left the home but current resident's records contain a recent photograph.	

6.2 Inspection findings

6.3 Is care safe?

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

The manager 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. 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 manager evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with the manager 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.

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 managers absence. Staff competency and capability assessments were reviewed and found to be satisfactory.

Discussion with the manager and review of a staff file confirmed that that the appropriate checks had been completed with applicants to ensure they were suitable to work with older people.

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 manager advised an annual safeguarding position report will be completed for the period 1 April 2019 to 31 March 2020. The manager was knowledgeable and had a good understanding of adult safeguarding principles and was aware of her 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.

We were advised that there were no restrictive practices, example bed rails of alarm mats, within the home and on the day of the inspection none were observed.

Staff training records evidenced that all staff had received training in infection prevention and control (IPC) in line with their roles and responsibilities. Observation of practice and discussion with the manager established that staff 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. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats. The manager reported that there had been no outbreaks of infection within the last year.

A review of the home's environment was undertaken and included observations of residents bedrooms, bathroom, lounges, dining room, kitchen and storage areas. Residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was found to be warm, well decorated, fresh smelling and clean throughout. Residents spoken with were complimentary in respect of the home's environment.

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.

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, adult safeguarding, infection prevention and control, risk management and the home's environment .

Areas for improvement

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

	Regulations	Standards
Total numb of areas for improvement	0	0

6.4 Is care effective?

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

Discussion with the manager and observation of practice 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. We reviewed three care records; all had 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. Records showed care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

The care records were 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 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 manager confirmed any significant changes in weight would be responded to appropriately.

Discussion with the manager confirmed that a person centred approach underpinned practice. The manager was able to describe in detail how the needs, choices and preferences of individual resident 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 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 manager confirmed that she 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, audits and reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

We arrived in the home at 09.00 and were greeted by the manager who was helpful and attentive. Two patients were enjoying breakfast whilst the other was being assisted to wash and dress and to attend to personal care as was her personal preference.

The manager demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs and how to provide comfort if required. The manager advised that staff working 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 manager described her awareness of promoting residents' rights, independence, and dignity and explained how confidentiality was protected.

Discussion with the 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.

Discussion with the 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 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 and these reflected residents' satisfaction with the care provided.

Discussion with the manager, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The environment had been adapted to promote positive outcomes for the patients. Bedrooms were spacious and personalised with possessions that were meaningful to the patient and reflected their life experiences.

Residents spoken with during the inspection made the following comments:

- "I am keeping well. I like it here. It's great."
- "Ann looks after me very well, but I would rather be living in Carrickmore."

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 their representatives and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 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 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 documentation and discussion with the manager confirmed that 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 deprivation of liberty legislation.

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 registered provider responded to regulatory matters in a timely manner. Inspection of the premises confirmed that the RQIA certificate of registration was displayed appropriately.

The home had a whistleblowing policy and procedure in place and discussion with the manager confirmed that all staff were aware of the policy. The manager advised that staff could also access the Trust to raise concerns.

Discussion with the manager and a resident 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 governance arrangements, management of complaints and incidents, 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

There were no areas for improvement identified during this inspection, and a quality improvement plan (QIP) is not required or included, as part of this inspection report.



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