

Unannounced Care Inspection Report 14 July 2016



Golan View

Residential Care Home
72 Arvalee Road, Omagh
02882246684
Inspector: Bronagh Duggan

1.0 Summary

An unannounced inspection of Golan View Residential Home took place on 14 July 2016 from 10:20 to 15:00.

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

Is care safe?

One recommendation was made in regards to the review and updating of the homes policy and procedure relating to safeguarding vulnerable adults. Examples of good practice included staff induction, training, supervision and appraisal, residents completing fire safety training and infection prevention and control procedures.

Is care effective?

One recommendation was made in regards to the updating of an identified residents care plan and risk assessment to reflect the use of an alarm mat. There were examples of good practice found throughout the inspection in relation to care records, multi professional working, regular resident meetings and communication between residents, staff and other key stakeholders.

Is care compassionate?

No requirements or recommendations were made in relation to this domain. 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 providing residents with individual opportunities to maintain community links.

Is the service well led?

No requirements or recommendations were made in relation to this domain. There were examples of good practice found throughout the inspection in relation to governance arrangements, the provision of additional training and good working relationships.

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
Total number of requirements and recommendations made at this inspection	0	2

Details of the Quality Improvement Plan (QIP) within this report were discussed with Mrs Ann McGrath, registered manager / provider 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.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/registered provider: Golan View	Registered manager: Mrs Ann McGrath
Person in charge of the home at the time of inspection: Mrs Ann McGrath	Date manager registered: 1 April 2005
Categories of care: RC-I, RC-MP, RC-MP(E), RC-PH	Number of registered places: 3

3.0 Methods/processes

Prior to inspection we analysed the following records: the returned Quality Improvement Plan, and the previous inspection report.

During the inspection the inspector met with two residents, one resident's visitor / representative and the registered manager.

The following records were examined during the inspection:

- Two care records
- Minutes of residents meetings
- Three staff recruitment files
- Competency and capability assessments
- Induction programme

- Staff training records
- Minutes of staff meetings
- Accident and incident records
- Complaints records
- Cleaning schedule records
- Statement of purpose
- Residents guide
- Fire safety risk assessment
- Fire safety check records
- Relevant policies and procedures
- Annual Quality Review Report

The inspector left three residents, two resident's representatives and three staff questionnaires to be distributed and returned to RQIA following the inspection. Four were returned in time for inclusion within this report. These included two from residents and two from staff.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 23 February 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 23 February 2016

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 1.6,1.7 Stated: First time To be completed by: 4 May 2016	The registered manager should ensure that a questionnaire is developed and provided to representatives at least annually to gather their views and opinions about the running of the home. The information which is gathered from these along with residents' questionnaire responses should be compiled within a report and be made available for residents and their representatives.	Met
	Action taken as confirmed during the inspection: The registered manager confirmed a questionnaire had been developed to gather representative's views. A copy was available within the home for inspection. The registered manager confirmed the questionnaire would be used when the annual quality review report is being completed. This is	

	usually done in November of each year.	
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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 residents, or one residents' representative in the home.

On the day of inspection the following staff were on duty:

- Registered manager

Review of one completed induction record and discussion with the registered manager evidenced that an induction programme was in place for staff, relevant to their specific roles and responsibilities.

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 schedule for annual staff appraisals and staff supervision was maintained and was available for inspection.

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. A sample of staff competency and capability assessments were reviewed and found to satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Discussion with the registered manager and review of three staff personnel files confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment. The registered manager was advised to dispose of two certificates stored in staff members recruitment files in accordance with data protection legislation. The registered manager had made a record of relevant information.

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

A recommendation was made that the homes adult safeguarding policy and procedure should be reviewed and updated to be consistent with the current regional guidance and included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed.

Discussion with the registered manager confirmed that she was aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. The registered manager was knowledgeable and had a

good understanding of adult safeguarding principles. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff in September 2015.

Discussion with the registered manager, review of accident and incidents notifications, care records and complaints records confirmed that there had been no incidents of suspected, alleged or actual incidents of abuse. The registered manager confirmed that all relevant information would be 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. Care needs assessment and risk assessments e.g. manual handling were reviewed and updated on a regular basis or as changes occurred.

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 for example fire safety.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC; in line with their roles and responsibilities. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, and disposable towels wherever care was delivered.

Hand hygiene was a priority for the home and efforts were applied to promoting good standards of hand hygiene among residents, staff and visitors. Notices promoting good hand hygiene were displayed 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. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible this included for example a designated smoking area.

The home had an up to date fire risk assessment in place dated October 2015 no recommendations had been made as a result. Review of staff training records confirmed that staff completed fire safety training twice annually. Residents in the home have also completed fire safety training.

The most recent fire drill was completed October 2015. Records were retained of staff who participated and any learning outcomes. 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.

Four completed questionnaires were returned to RQIA two from residents and two from staff. Respondents were satisfied with the care provided.

Areas for improvement

One area for improvement was identified in relation to the updating of the homes safeguarding policy and procedure.

Number of requirements	0	Number of recommendations:	1
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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.

The care records also reflected the multi-professional input into the resident's health and social care needs and were found to be updated regularly to reflect the changing needs of the resident. It was noted from one of the care records inspected that an alarm mat had recently been introduced for an identified resident due to the risk of falling. The mat had been introduced with agreement from a relevant professional and the resident. The need to update the identified residents care plan and associated risk assessment to reflect the use of the mat was discussed with the registered manager. A recommendation was made.

Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Discussion with the registered manager confirmed that a person centred approach underpinned practice. For example residents are supported to attend local events and to pursue hobbies and interests.

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, and review the effectiveness and quality of care delivered to residents at appropriate intervals. Risk assessments, and care plans are reviewed regularly. Care reviews are held annually, residents meetings are held on a three monthly basis, and an annual quality report is also completed.

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, staff meetings and staff shift handovers. The registered manager confirmed that management operated an open door policy in regard to communication within the home.

Residents and one representative spoken with and observation of practice evidenced effective communication between the registered manager, residents and their representatives. Minutes of resident meetings were available for inspection.

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 who had issues with mental capacity or who required specialist supports. The manager shared a recent example of a resident in the home accessing advocacy services.

Four completed questionnaires were returned to RQIA from residents, and staff. Respondents were satisfied with the care provided.

Areas for improvement

One area for improvement was identified in relation to the updating of an identified residents care plan and risk assessment to reflect the use of an alarm mat.

Number of requirements	0	Number of recommendations:	1
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4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos within the home that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

There were a range of policies and procedures in place which supported the delivery of compassionate care. Discussion with residents and one representative confirmed that residents' spiritual and cultural needs were met within the home.

The registered manager, residents and one representative confirmed that consent was sought in relation to care and treatment. Discussion with residents, their representative along with observation of practice and interactions demonstrated that residents were treated with dignity and respect. The registered manager confirmed their awareness of promoting residents' rights, independence and dignity. The registered manager was also able to demonstrate how residents' confidentiality was protected. For example all residents' records are stored in a secure area of the home.

Discussion with the registered manager, residents, and one representative, 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 are encouraged to follow their interests these may include looking after animals, listening to a certain type of music or attending local social events. Arrangements were in place for residents to maintain links with their friends, families and wider community. For example the registered manager confirmed one resident would attend a local day centre throughout the week. Families are encouraged to visit the home at any time.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with residents, one representative and observation

of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

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 regular residents meetings, and annual care reviews.

Residents are 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. As stated earlier in the report a new questionnaire had been developed for representatives to complete when the next annual quality review report is being issued. The registered manager confirmed any identified areas of improvement will be addressed and that the report will be made available for residents and their representatives.

Residents and one representative confirmed that their views and opinions were taken into account in all matters affecting them.

Four completed questionnaires were returned to RQIA from residents and staff. Respondents were satisfied with the care provided.

Comments received from one resident and one visiting resident's representative included:

- "I'm getting on grand, I like to go out and look after the hens and geese. The food is good, I like my room.
- "It is very personalised and family orientated care. No complaints at all the manager is very good. The food is very nice.

Areas for improvement

There were no areas identified for improvement.

Number of requirements	0	Number of recommendations:	0
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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 health and social care 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 were 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 which was in accordance with the legislation and DHSSPS guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide,

and information displayed throughout the home. A poster was also on prominent display informing residents of the Patient Client Council.

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. There were no new complaints recorded 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.

The Falls Prevention Toolkit was discussed with the registered manager and advice given on how to implement this.

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 for example staff had completed training on whistleblowing, and nutritional guidelines. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents for example risk assessment, and health and safety precautions.

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. Discussion with the registered manager/ provider identified that she had understanding of her role and responsibilities under the legislation.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employers liability insurance certificate were displayed.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider 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 access line management to raise concerns and to 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 was a staff disciplinary policy and procedure in place. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Four completed questionnaires were returned to RQIA from residents and staff. Respondents were satisfied with the care provided.

Areas for improvement

There were no areas identified for improvement.

Number of requirements	0	Number of recommendations:	0
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5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Ann Mc Grath, registered manager/ provider as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider may enhance service, quality and delivery.

5.3 Actions taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements stated. The registered provider should confirm that these actions have been completed and return completed QIP to RQIA's office for review by the inspector.

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. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Recommendations

<p>Recommendation 1</p> <p>Ref: Standard 16.1</p> <p>Stated: First time</p> <p>To be completed by: 14 September 2016</p>	<p>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.</p> <p>Response by registered provider detailing the actions taken:</p> <p><i>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.</i></p>
<p>Recommendation 2</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 14 September 2016</p>	<p>The registered provider should ensure the identified residents care plan and risk assessment is updated to reflect the use of an alarm mat.</p> <p>Response by registered provider detailing the actions taken:</p> <p><i>The identified residents care plan and risk assessment is updated to reflect the use of an alarm mat,</i></p>

Name of registered manager/person completing QIP	ANN M GRATH		
Signature of registered manager/person completing QIP	<i>Ann McGrath</i>	Date completed	2016 1-September
Name of registered provider approving QIP	ANN M GRATH		
Signature of registered provider approving QIP	<i>Ann McGrath</i>	Date approved	1-September 2016
Name of RQIA inspector assessing response	BRONAH DUGGAN		
Signature of RQIA inspector assessing response	<i>B Duggan</i>	Date approved	5-9-16

**Please ensure this document is completed in full and returned to RQIA's Office*



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