

Inspection Report

18 November 2021



Golan View

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

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

1.0 Service information

Organisation/Registered Provider: Golan View Registered Person: Mrs Ann McGrath	Registered Manager: Mrs Ann McGrath Date registered: 01 April 2005
Person in charge at the time of inspection: Mrs 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.	Number of residents accommodated in the residential care home on the day of this inspection: 3
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to three residents. The home is a single storey domestic type building and all residents have their own bedrooms. All residents have access to communal spaces and a garden area outside.	

2.0 Inspection summary

An unannounced inspection took place on 18 November 2021 between 10.00am and 1.45pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

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

Residents were seen to be well cared for and said that living in the home was a good experience. There was clear evidence of attention to personal care and dressing and additional assistance and support was provided where this was required, in a compassionate manner.

The feedback from residents confirmed that they were satisfied with the care and service provided in Golan View

One area of improvement was identified during this inspection in regards to the bathroom.

RQIA were assured that the delivery of care and services provided in Golan View was safe, effective and compassionate and that the service was well led.

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

3.0 How we inspect

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

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

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

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

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

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

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

We met with three residents and two staff either individually or in small groups.

Residents told us that they were well cared for. They described the home as being like a family and that staff were helpful and friendly. Residents stated that they enjoyed the food and there was always a choice of food available. Residents commented that they were able to make their own choices and decisions and were involved in their care.

Staff spoke positively about working in the home and advised there was good team work within the home. Staff said that the manager was very approachable and that they felt well supported in their role.

5.0 The inspection

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

The last inspection to Golan View was undertaken on 03 June 2021 by a pharmacy inspector; no areas for improvement were identified. The last care inspection was undertaken on 3 December 2020.

Areas for improvement from the last inspection on 3 December 2020		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for Improvement 1 Ref: Standard 25.6 Stated: First time	The registered person shall ensure that the staff duty rota records the grades of the staff working in the home.	Met
	Action taken as confirmed during the inspection: A review of the staff duty rota confirmed that it recorded the grades of staff working in the home.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

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

Appropriate checks had been made to ensure that all staff maintained their registration with the Northern Ireland Social Care Council (NISCC). Advice was given to the manager to record this information in a matrix so as to ensure effective oversight of staff registration.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty. Staff told us that there was enough staff on duty to meet the needs of the residents. The manager and staff told us that the number of staff on duty was regularly reviewed to ensure that the needs of the residents were met.

Competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty.

Staff said teamwork was good and that the manager was approachable. Staff were seen to attend to residents' needs in a timely manner and to maintain residents' dignity. Residents were offered choices throughout the day, for example, where and how they wished to spend their time and what activity they wished to engage in.

Residents said that staff were always available and were kind to them.

5.2.2 Care Delivery and Record Keeping

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

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

Examination of records and discussion with the manager and staff confirmed that the risk of falling and falls were well managed.

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

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

Residents' individual likes and preferences were reflected throughout the records. The outcome of visits from any healthcare professional was recorded. Evaluation records were kept of how each resident spent their day and the care and support provided by staff. Advice was given to the manager about recording daily entries within the evaluation records.

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

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

5.2.3 Management of the Environment and Infection Prevention and Control

The home was observed to be clean and tidy. Residents' bedrooms were personalised with items that were important to them such as family photographs and ornaments. Communal lounges and the dining area were welcoming spaces for residents. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

We observed the flooring in the bathroom to be heavily stained and there was shelving which was rusted meaning this could not be effectively cleaned. This was discussed with the manager and identified as an area for improvement.

The home's most recent fire safety risk assessment was completed on 25 October 2021. There were no areas for improvement identified within this assessment.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases, for example, the home participated in the regional testing arrangements for residents and staff.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

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

Visiting arrangements were managed in line with Department of Health guidance.

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff.

Staff were seen to be attentive to residents needs including their social well-being. A programme of activities was in place which mostly involved one to one time with residents. We observed one resident who was outside assisting with duties and caring for the hens.

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

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls to their loved ones. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

Two residents made the following comments; "I love it here, we are like a family" and "The food is good, we can do whatever we want in here."

5.2.5 Management and Governance Arrangements

There was no change of management since the last inspection. Mrs Ann McGrath has been the Registered Manager in this home since 1 April 2005.

Staff were aware of who the manager of the home was and demonstrated their understanding of their own roles and responsibilities in the home and of reporting any concerns about resident care or staffs' practices. Staff commented positively about the manager and described her as approachable and accessible.

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

Residents said that they knew how to report any concerns and said they were confident that their concerns would be addressed. Review of the home's record of complaints evidenced a robust system was in place for the management of complaints.

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

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

6.0 Conclusion

Residents looked well cared for in that they were well dressed, clean and comfortable in their surroundings. Residents were seen to make choices throughout the day; from the care they received to how they spent their time.

Residents' privacy and dignity were maintained throughout the inspection and staff were observed to be polite and respectful to residents and each other. Staff responded to the needs of the residents and provided support in a timely way.

Residents were observed to be happy in their surroundings and positive interactions with staff were observed. Staff were positive when discussing the service provided in Golan View.

This service will be further enhanced with compliance in the area of improvement identified.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes' Minimum Standards (August 2011).

	Regulations	Standards
Total number of Areas for Improvement	0	1

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

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
<p>Area for improvement 1</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2021</p>	<p>The registered person shall ensure the following are addressed:</p> <ul style="list-style-type: none"> • Replace the flooring in the bathroom • Replace the rusted shelving on the wall. <p>Ref: 5.2.3</p> <hr/> <p>Response by registered person detailing the actions taken: Rusted shelving on wall has been removed.</p> <p>Fitter has been and measured bathroom floor. Tiles ordered but due to Covid 19 it may take up to 6 weeks for the tiles to be fitted.</p> <p>Regards, Ann McGrath 06.01.2022</p>

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