



The **Regulation** and  
**Quality Improvement**  
Authority

## **Primary Unannounced Care Inspection**

**Name of Establishment and ID:** Golan View (1229)  
**Date of Inspection:** 27 November 2014  
**Inspector's Name:** Bronagh Duggan  
**Inspection ID:** IN016726

**The Regulation And Quality Improvement Authority**  
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## 1.0 General Information

<b>Name of Establishment:</b>	Golan View (1229)
<b>Address:</b>	72 Farmhill Road Arvalee Omagh BT79 0NW
<b>Telephone Number:</b>	02882246684
<b>Email Address:</b>	None
<b>Registered Organisation/ Registered Provider:</b>	Golan View Mrs Ann Mc Grath
<b>Registered Manager:</b>	RP01479 - Ann McGrath
<b>Person in Charge of the Home at the Time of Inspection:</b>	Ms Florence Maguire
<b>Categories of Care:</b>	RC- I, RC – MP, RC - MP(E), RC - PH
<b>Number of Registered Places:</b>	3
<b>Number of Residents Accommodated on Day of Inspection:</b>	2 (One resident was present during the inspection)
<b>Scale of Charges (Per Week):</b>	£461 per week
<b>Date and Type of Previous Inspection:</b>	1 March 2014 Primary Unannounced Care Inspection
<b>Date and Time of Inspection:</b>	27 November 2014 10:30am – 3:30pm
<b>Name of Inspector:</b>	Bronagh Duggan

## **2.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a primary unannounced care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

## **3.0 Purpose of the Inspection**

The purpose of this inspection was to ensure that the service was compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

## **4.0 Methods/Process**

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts: self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

Specific methods/processes used in this inspection included the following:

- Analysis of pre-inspection information
- Discussions with the person in charge
- Examination of records
- Observation of care delivery and care practice
- Consultation with one resident
- Inspection of the premises
- Evaluation of findings and feedback

## 5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	1
Staff	1
Relatives	0
Visiting Professionals	0

Questionnaires were provided, during the inspection, to staff to seek their views regarding the service.

Issued To	Number Issued	Number Returned
Staff	5	1

## 6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to DHSSPS Residential Care Homes Minimum Standards.

A view of the management of residents' human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance Statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not Applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to Become Compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not Compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>3 – Moving Towards Compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 7.0 Profile of Service

Golan View Residential Care home is situated in its own grounds approximately two miles from Killyclogher village in Co Tyrone.

The residential home is owned and operated by Mrs Ann McGrath who is also the registered manager.

Accommodation for residents is provided in single rooms in a designated area within a domestic style bungalow.

Facilities include three single bedrooms, a sitting room, a shared kitchen/dining room and toilet/bathroom. The family home is integral.

The home is registered to provide care for a maximum of 3 persons under the following categories of care:

### Residential Care

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

## 8.0 Summary of Inspection

This primary unannounced care inspection of Golan View was undertaken by Bronagh Duggan on 27 November 2014 between the hours of 10:30am – 3:30pm. Ms Florence Maguire person in charge was available during the inspection and for verbal feedback at the conclusion of the inspection.

The recommendations made as a result of the previous inspection were also examined. Review of documentation, observations and discussions demonstrated that these had been addressed satisfactorily. The detail of the actions taken by Mrs McGrath can be viewed in the section following this summary.

Prior to the inspection on 27 November 2014 Mrs McGrath registered manager completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mrs McGrath in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with one resident, and the staff member on duty discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, issued staff questionnaires, examined a selection of records and carried out a general inspection of the residential care home environment.

## **8.1 Standard 10 - Responding to Residents' Behaviour**

The inspector reviewed the arrangements in place for responding to residents' behaviour. The home had a policy and procedure in place which reflected best practice guidance in relation to restraint, seclusion and human rights. Through the inspector's observations, a review of documentation and discussions with residents and staff, confirmation was obtained that restraint is only used as a last resort. One recommendation was made that the policy and procedure be amended to reflect that RQIA must be notified on each occasion restraint is used, and also to remove the identified paragraph which referenced the use of CCTV.

Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. However it was noted that one aspect of care for an identified resident included two different responses. This was discussed with the staff member on duty who confirmed that the change had recently been introduced and was due to be reviewed by the residents care manager within a two week time period. Evidence available in the residents care record confirmed this. It was noted however that the two week time period had passed and the approach had not been reviewed.

A recommendation has been made that this situation is reviewed immediately to ensure a consistent approach is agreed for the identified resident. The staff member on duty demonstrated that they had knowledge and understanding of individual residents assessed needs. The staff member also confirmed that they have received training in behaviours which challenge and were aware of the need to report uncharacteristic behaviour to the registered manager and to ensure that all the relevant information was recorded in the resident's care records. The staff member was aware of the responsibilities in relation to when to refer residents to the multi-disciplinary team.

A further recommendation has been made that care plans are signed by residents or their representative, where appropriate, as these were found to be signed sporadically. If the resident or their representative is unable to sign or chooses not to sign, this should be recorded.

The evidence gathered through the inspection process concluded that Golan View was substantially compliant with this standard.

## **8.2 Standard 13 - Programme of Activities and Events**

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. A recommendation was made that a policy is developed to reflect the provision of activities for residents in the home. Through the inspector's observations, a review of documentation and discussions with one resident and staff, confirmation was obtained that the programme of activities was based on the assessed needs of the residents.

One resident informed the inspector they would like to participate in more community events in the local town this information was shared with the person in charge at the conclusion of the inspection; a recommendation has been made in this regard. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally

appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. A selection of materials and resources were available for use during activity sessions. Appropriate records were maintained. The evidence gathered through the inspection process concluded that Golan View is substantially compliant with this standard.

### **8.3 Resident and Staff Consultation**

During the course of the inspection the inspector met with one resident, and spoke with the staff member on duty. One questionnaire was completed and returned by staff.

In discussions with the resident they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff.

A review of the returned questionnaire and discussion with the staff member on duty indicated that they were supported in their role. The staff member confirmed that they were provided with the relevant resources and training to undertake their duties.

Comments received from the resident and staff member are included in section 11.0 of the main body of the report.

### **8.4 Care Practices**

The atmosphere in the home was friendly and welcoming. The staff member was observed treating the resident with dignity and respect taking into account their views. Good relationships were evident between the resident and staff. One resident shared with the inspector they had been waiting for a considerable period of time for confirmation about an aspect of their care, a recommendation was made that the matter should be reviewed as soon as practicable.

### **8.5 Environment**

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard.

A number of additional areas were also considered. These included returns regarding care reviews, the management of complaints, information in relation to resident dependency levels, guardianship, vetting and fire safety. Further details can be found in section 11.0 of the main body of the report.

Six recommendations were made as a result of the primary unannounced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the resident, and staff member on duty for their assistance and co-operation throughout the inspection process.



### 9.0 Follow Up on the Requirements and Recommendations Issued as a Result of the Previous Inspection on 1 March 2014

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1.	11.3	The registered manager should ensure that a written report is prepared by staff in the home for each residents future review meeting.	Review of resident's records showed that written reports had been prepared for residents review meetings.	Compliant
2.	19.1	The registered manager should update the home's recruitment policies and procedures to ensure that it contains reference to pre-employment health checks being carried out prior to appointment and all details as specified in Standard 19.1.	The homes recruitment policies and procedures have been updated to include reference to pre-employment health checks being carried out prior to appointment and all other details as specified in Standard 19.1.	Compliant
3.	19.6	The registered manager should give further consideration to how the home could involve residents or their relative/ representative in the recruitment of staff in the future, where possible.	Evidence was available in the home to show that residents had been involved in the recruitment of recent staff.	Compliant

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b>	
<b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
<b>Provider's Self-Assessment:</b>	
All staff understand each individual's usual conduct and behaviour in the home.	Compliant
<b>Inspection Findings:</b>	
<p>The home had a policy and procedure in place titled Managing Challenging or Violent Behaviour and a policy on the use of restraint. A review of the policy and procedure identified that it reflected the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure included the need for Trust involvement in managing behaviours which challenge. A recommendation was made that the policy and procedure be amended to reflect that RQIA must be notified on each occasion restraint is used, and also to remove the identified paragraph which referenced the use of CCTV.</p> <p>Observation of staff interactions with the resident present during the inspection identified that informed values of dignity and respect and implementation of least restrictive strategies were demonstrated.</p> <p>A review of staff training records identified that all care staff had received training in behaviours which challenge entitled Challenging Behaviour on 29 September 2014.</p> <p>A review of two residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.</p> <p>The staff member who met with the inspector demonstrated knowledge and understanding of resident's usual routines, behaviours and means of communication and was knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p>	Substantially Compliant

<b>Criterion Assessed:</b> 10.2 When a resident's behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident's representative.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
If a residents behaviour causes concern staff will take necessary action; The matter will be reported to the manager when necessary they will make contact with relevant professionals and monitor the situation.	Compliant
<b>Inspection Findings:</b>	
The staff member who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. The staff member was aware of the need to report any uncharacteristic behaviour to the registered manager and was aware of relevant professionals or services who could be contacted.	Compliant

<b>Criterion Assessed:</b> 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident's care plan. Where appropriate and with the resident's consent, the resident's representative is informed of the approach or response to be used.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b>	
The resident's care plan will be updated if a resident needs a consistent approach or response from staff. If the resident consents representatives will be informed.	Compliant
<b>Inspection Findings:</b>	
<p>Two care plans were reviewed, it was noted that one of the care plans did not state clearly a consistent approach or response in relation to a specific aspect of the residents care; instead two different responses were stated. This was discussed with the staff member on duty who confirmed that the change had recently been introduced and was due to be reviewed by the residents care manager within a two week time period. There was evidence available in the residents care record to confirm this. It was noted however that the two week time period had passed and the approach had not been reviewed. A recommendation has been made that this situation is reviewed immediately to ensure a consistent approach is agreed for the identified resident.</p> <p>A further recommendation has been made that care plans are signed by residents or their representative, where appropriate, as these were found to be signed sporadically. If the resident or their representative is unable to sign or chooses not to sign, this should be recorded.</p>	Moving towards compliance

<p><b>Criterion Assessed:</b> 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident's care plan.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment:</b> Should a resident have a specific management programme an appropriately trained professional will take part in care planning.</p>	Compliant
<p><b>Inspection Findings:</b> The person in charge informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.  A review of the homes policy and procedure on Managing Challenging Behaviours identified that it included the process of referring and engaging the support of a multi-disciplinary team and other professionals in the resident's care plan, as necessary.</p>	Not Applicable
<p><b>Criterion Assessed:</b> 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment:</b> Staff will be provided with necessary training and guidance and support when a behaviour management programme is in place.</p>	Compliant
<p><b>Inspection Findings:</b> As stated in 10.4 there were no behaviour management programmes in place for any resident, a review of staff training records evidenced that staff had received training in managing challenging behaviour in September 2014.  The staff member on duty confirmed during discussions that they felt supported and this support ranged from the training provided, supervision, and staff meetings. If a behaviour management programme were in place the inspector is satisfied staff would have the necessary training to follow same.</p>	Compliant

<p><b>Criterion Assessed:</b> 10.6 Where any incident is managed outside the scope of a resident's care plan, this is recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment:</b></p>	
<p>Any incident managed outside the scope of residents care plan as recorded and reported to residents relative and professionals. A multi-disciplinary review will be arranged to update care plan.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>A review of two care plans identified that they were currently being reviewed and included involvement of the Trust personnel and relevant others.</p> <p>The staff member on duty confirmed during discussions that when any incident was managed outside the scope of a resident's care plan, this was recorded and reported, if appropriate, to the resident's representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident's care plan.</p>	Compliant
<p><b>Criterion Assessed:</b> 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment:</b></p>	
<p>Restraint is only used as a last resort by staff who are trained to protect the resident and other persons in the vicinity. Records are kept when restraint is used.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>A review of records, discussion with one resident and staff and observation of care practices identified that there were currently no types of restraint or restrictive practices used in the home which need to be described in the home's Statement of Purpose.</p>	Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant
<b>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b>	
<b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
<b>Provider's Self-Assessment:</b>	
Activity programme is based on the interests of each resident to provide positive outcomes.	Compliant
<b>Inspection Findings:</b>	
<p>A review of two care records evidenced that individual social interests and activities were included in the needs assessment and the care plan.</p> <p>Discussions with one resident and staff member and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided. These activities were based on the assessed needs and interests of the residents.</p> <p>The home did not have a policy in place relating to the provision of activities in the home, a recommendation has been made that a policy is developed to reflect the provision of activities for residents in the home.</p> <p>The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.</p>	Substantially Compliant



<p><b>Criterion Assessed:</b> 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents' spiritual needs. It promotes healthy living, is flexible and responsive to residents' changing needs and facilitates social inclusion in community events.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment:</b></p>	
<p>The activity programme is flexible to suit the needs of the residents and includes community activities.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>Examination of the programme of activities identified that one resident would regularly access local day care services, activities were also available at the home and in the local area for residents on a daily basis.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents' needs and preferences. The programme took into account residents' spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.</p> <p>During discussion with one resident they informed the inspector they would like to participate in more community events in the local town this information was shared with the person in charge at the conclusion of the inspection, a recommendation was made in this regard.</p>	Substantially Compliant
<p><b>Criterion Assessed:</b> 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment:</b></p>	
<p>All residents, even those who wish to generally stay in their room, contribute to the activity programme.</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>A review of the record of activities provided and discussions with one resident identified that they were given opportunities to put forward suggestions for inclusion in the programme of activities.</p> <p>Residents and their representatives were also invited to express their views on activities by means of satisfaction questionnaires issued annually by the home, resident meetings, and care management review meetings.</p>	Compliant

<b>Criterion Assessed:</b> 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b> An activity programme is displayed on the wall of the sitting room.	Compliant
<b>Inspection Findings:</b> On the day of the inspection the programme of activities was on display on a notice board in the resident's living room area. This location was considered appropriate as the area was easily accessible to residents and their representatives.  Discussions with one resident confirmed that they were aware of what activities were planned.  The programme of activities was presented in an appropriate format to meet the residents' needs.	Compliant
<b>Criterion Assessed:</b> 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b> Residents, when necessary, have the support of staff during activities.	Compliant
<b>Inspection Findings:</b> Residents live in a domestic style home, the supply of activity equipment available included radios, TV's, DVDs, newspapers. Residents also look after hens and other animals at the home, which are included in resident's daily activities. The care staff and resident confirmed that there was an acceptable supply of activity equipment available.	Compliant

<b>Criterion Assessed:</b> 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b> The duration and timetable of activities suits the resident's abilities and needs.	Compliant
<b>Inspection Findings:</b> The staff member and resident confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.  Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.	Compliant
<b>Criterion Assessed:</b> 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b> There is no person contracted in the home for activities as there are only three residents.	Not Applicable
<b>Inspection Findings:</b> The person in charge confirmed that there were no outside agencies contracted to provide activities in the home. Therefore, this criterion was not applicable on this occasion.	Not Applicable

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.	
<b>Provider's Self-Assessment:</b>	
The home has only three residents so therefore a contracted-in-person is not required.	Not Applicable
<b>Inspection Findings:</b>	
The staff member on duty confirmed that no-one is currently contracted in to provide activities. Therefore, this criterion was not applicable on this occasion.	Not Applicable

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.	
<b>Provider's Self-Assessment:</b>	
A record is made of all activities that take place and the names of those who are participating.	Compliant
<b>Inspection Findings:</b>	
A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.	Compliant

<b>Criterion Assessed:</b> 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents' changing needs.	<b>COMPLIANCE LEVEL</b>
<b>Provider's Self-Assessment:</b> The activity programme is revised and reviewed twice a year.	Compliant
<b>Inspection Findings:</b> A review of the programme of activities identified that it is usually reviewed during the residents meeting. These meetings are held quarterly.  The person in charge confirmed that planned activities were also changed at any time at the request of residents.  As stated in 13.2 the resident who spoke with the inspector stated they would like more opportunities to participate in local community events a recommendation has been made in this regard.	Compliant

<b>PROVIDER'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Compliant

<b>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b>	<b>COMPLIANCE LEVEL</b>
	Substantially Compliant

## **11.0 Additional Areas Examined**

### **11.1 Residents Consultation**

The inspector met with one resident who was in the home upon arrival. Through discussion with the inspector the resident expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. The resident informed the inspector that they would like to attend more community events this information was shared with the person in charge, a recommendation was made in this regard.

Comments received included:

"I like it alright, I like to do work outside".

### **11.2 Relatives/Representative Consultation**

There were no visiting relatives at the home on the day of the inspection.

### **11.3 Staff Consultation/Questionnaires**

The inspector spoke with one member of staff on duty and reviewed one completed and returned questionnaire. A review of the completed questionnaire and discussion with the staff member on duty identified that staff were supported in their respective roles and that they were provided with the relevant resources to undertake their duties. Staff demonstrated an awareness of how to respond to resident's behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

### **11.4 Visiting Professionals Consultation**

There were no visiting professionals available at the home on the day of the inspection.

### **11.5 Observation of Care Practices**

The atmosphere in the home was friendly and welcoming. The staff member was observed to be interacting appropriately with the resident. The interactions were observed to be respectful, polite, warm and supportive. The resident was observed to be comfortable and relaxed in the home.

### **11.6 Care Reviews**

Prior to the inspection a residents' care review questionnaire was forwarded to the home for completion by staff. The information provided in this questionnaire indicated that all the residents in the home had been subject to a care review by the care management team of the referring HSC Trust between 01 April 2013 and 31 March 2014.

One resident shared with the inspector that they had been waiting for a considerable period of time for confirmation about an aspect of their care, this was raised with the staff member on duty who stated the matter was being followed up by the residents care manager. Review of the residents care records showed that the relevant information had been forwarded on to the referring trust. A recommendation was made that the matter should be reviewed as soon as practicable.

### **11.7 Complaints**

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

The person in charge confirmed that lessons learnt from investigations were acted upon.

### **11.8 Environment**

The inspector viewed the home accompanied by Ms Maguire and inspected residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a good standard.

### **11.9 Guardianship Information**

Information regarding arrangements for any people who were subject to a Guardianship Order in accordance with Articles 18-27 of the Mental Health (Northern Ireland) Order 1986 at the time of the inspection, and living in or using this service was sought as part of this inspection.

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

### **11.10 Fire Safety**

Prior to the inspection a fire safety audit check list was forwarded to the home for completion by staff. The information provided in the returned questionnaire was forwarded to the aligned estates inspector for review and follow-up with the home if necessary.

The inspector examined the home's most recent fire safety risk assessment dated 13 October 2014.

A review of the fire safety records evidenced that fire training, had been provided to staff and residents on 13 October 2014. The records also identified that an evacuation had been undertaken on 13 October 2014 and that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

### **11.11 Vetting of Staff**

Prior to the inspection a vetting disclaimer pro forma was completed by Mrs McGrath. Mrs McGrath confirmed that all staff employed at the home, including agency and bank staff had been vetted according to all current legislation and guidance and had been registered with the Northern Ireland Social Care Council.

### **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Ms Maguire, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Bronagh Duggan**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**

**Bronagh Duggan**  
Inspector/Quality Reviewer

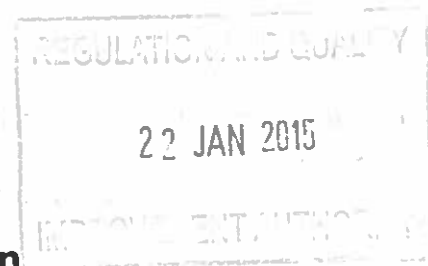
**Date** 29 December 2014



Bh



The Regulation and  
Quality Improvement  
Authority



## Quality Improvement Plan

### Primary Unannounced Care Inspection

Golan View

27 November 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Ms Florence Maguire either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

<b>Recommendations</b>					
These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. The promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timesca
1.	10.1	The homes policy and procedure should be amended to reflect that RQIA must be notified on each occasion restraint is used, and remove the identified paragraph which referenced the use of CCTV.  Ref:10.0	One	Notification of restraint is included in the Policy Policy amended	26 January 2015
2.	6.2	The care plan for the identified resident should be reviewed to ensure a consistent approach when dealing with the specific aspect of care.  Ref:10.0	One	Care plan reviewed with Care Manager and resident.	26 January 2015
3.	6.6	Care plans should be signed by residents or their representative, where appropriate. If the resident or their representative is unable to sign or chooses not to sign, this should be recorded.  Ref:10.0	One	Care plans are all signed by residents	26 January 2015
4.	13.1	The home should develop a policy to reflect the provision of activities for residents in the home.  Ref:10.0	One	An activities Policy is completed	26 January 2015

13.2	Residents should be facilitated to participate in community events in the local area. Reg:10.0	One	<i>Residents take part in all events in our local community as they wish</i>	26 January 2015
11.1	The registered manager should contact the identified resident's keyworker to ensure the issue raised by the resident is addressed as soon as practicable.  Ref: 11.6	One	<i>This issue has been resolved with Key Worker</i>	26 January 2015

The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

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

SIGNED: Ann McGrath

NAME: ANN M. GRATH  
Registered Provider

DATE 20.1.2015

SIGNED: Ann McGrath

NAME: ANN M. GRATH  
Registered Manager

DATE 20.1.2015

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	Bronagh Duggan	23.1.15
Further information requested from provider			