

Inspection Report

29 January 2024



Golan View

Type of service: Residential Care Home
Address: 72 Farmhill Road, Arvalee, Omagh, BT79 0JW
Telephone number: 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: 1 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. This is a domestic type dwelling and accommodation is provided in single bedrooms and all residents have access to communal spaces and a garden area.	

2.0 Inspection summary

An unannounced inspection took place on 29 January 2024 from 10.45am to 2pm, by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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.

The home was clean, tidy and there was a welcoming atmosphere on the day of inspection. Residents had choice in where they spent their day either in their own bedrooms or in the communal rooms. Staff provided care in a compassionate manner and were sensitive to residents' wishes.

Residents advised that they were safe and well cared for in the home. It was evident that staff promoted the well-being of residents, this was observed through their interactions and communication.

Staff interactions with residents were observed to be compassionate and supportive. Staff were found to be attentive to the needs of the residents.

Two new areas requiring improvement were identified during this inspection including one area which was stated for the second time. This is discussed in the main body of the report and detailed in the quality improvement plan.

The findings of this report will provide the manager 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 the previous areas for improvement issued, registration information, 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.

4.0 What people told us about the service

Residents spoke positively about living in Golan View and the manager. Comments included: "I am getting on well in here," "I am very happy; this is a great place, it's like heaven. They (staff) are so good to me and I feel very safe." The residents praised the food provision in the home saying that it was "nice."

Staff spoke in positive terms about the provision of care, their roles and duties, training and managerial support. Staff commented that there was enough staff on duty to meet the needs of

the residents. Staff were found to be to be knowledgeable of residents needs and preferences and they were able to provide support and reassurance to residents, when required.

5.0 The inspection

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

Areas for improvement from the last inspection on 8 February 2023		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for Improvement 1 Ref: Standard 19.3 Stated: First time	The registered person shall Enhanced AccessNI certificates are not stored in staff recruitment files	Not met
	Action taken as confirmed during the inspection: This area for improvement was not met and will be stated for the second time.	
Area for Improvement 2 Ref: Standard 20.3 Stated: First time	The registered person shall ensure that regular checks are undertaken and recorded to ensure staff registration with NISCC is maintained on an up to date basis	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 6.2 Stated: First time	The registered person shall ensure that care plans in relation to the management of smoking are developed to include sufficient detail so as to direct resident care.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a system was in place to ensure staff were recruited correctly to protect residents. However, it was noted that the Enhanced AccessNI certificate was retained on a recruitment file. This area for improvement was stated for the second time.

There were systems in place to ensure staff were trained and supported to do their job. Competency and capability assessments were completed for the person in charge of the home in the absence of the manager. Review of records confirmed that staff registered with the relevant professional body and this checked by the manager on a regular basis. Records were also in place to confirm that staff received regular supervision and an annual appraisal.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication with the manager. The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge on a daily basis.

Staff advised that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents spoken with reported staff were responsive to their needs and did not express any concerns in seeking support from staff reporting, "It's great in here" and "I feel very safe."

5.2.2 Care Delivery and Record Keeping

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The dining experience was an opportunity for residents to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

It was noted that there was no daily menu on display for residents to see what was available. This was identified as an area for improvement.

Residents advised that 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 this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Discussion took place with the manager in relation to the need to develop risk assessments for residents regarding care delivery at night. This was identified as an area for improvement.

Records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

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 good standard and they were always involved in their care.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and fresh smelling throughout, with a suitable standard of décor and furnishings. Many residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished and comfortable. Residents said that they were satisfied that the home was kept clean and tidy.

It was observed that residents were able to walk around freely and had access to communal lounges and dining areas. Residents could choose where to sit and spend their time.

It was noted that that fire exits and corridors were clear and free from obstruction. Review of the most recent fire safety risk assessment confirmed this was completed on 22 November 2023. There were no recommendations made as a result of this assessment. There was evidence in place that fire safety training was completed by staff on this date also.

Throughout the home there was evidence of accessible PPE and hand sanitisers within each communal area. During the mealtime staff were observed to be wearing the correct personal protective equipment (PPE) and to adhere to the correct infection control guidelines.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance.

5.2.4 Quality of Life for Residents

The atmosphere in the home was homely, welcoming and relaxed with residents seen to be comfortable, content and at ease in their environment and interactions with staff. Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Staff were observed sitting with residents and engaging in discussion. Residents who preferred to remain private were supported to do so and had opportunities to watch television or engage in their own preferred activities.

Residents were observed sitting in the lounge watching television and interacting with one another and staff.

One resident stated, "there's lots to do" when discussing opportunities for activities and interaction.

5.2.5 Management and Governance Arrangements

There has been no change in the management since the last care inspection; Mrs Ann McGrath is the registered manager of this home.

Staff members were aware of who the manager of the home was, their own role and responsibilities in the home and how to raise any concerns or worries about the residents, care practice or the environment.

Discussion with the manager confirmed that there were good working relationships between the manager and the staff team. Staff commented positively about the manager and described her as approachable and accessible. One comment made was "Ann is very approachable and any issues with the residents; Ann deals with this very quickly."

It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults. Staff spoken with said that they knew how to report any concerns and said they were confident that the manager would address this.

There was a system in place to manage complaints and the manager was knowledgeable in relation to this.

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

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.

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 (December 2022) (Version 1:2) (Alter as required)**

	Regulations	Standards
Total number of Areas for Improvement	0	3*

* the total number of areas for improvement includes one area which was stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with 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 (December 2022) (Version 1:2)	
Area for Improvement 1 Ref: Standard 19.3 Stated: Second time To be completed by: 30 January 2024	The registered person shall Enhanced AccessNI certificates are not stored in staff recruitment files. Ref: 5.1 and 5.2.1 Response by registered person detailing the actions taken: Access N.I. Certificates have now been removed from staff files
Area for improvement 2 Ref: Standard 12.4 Stated: First time To be completed by: 29 February 2024	The registered person shall ensure that the daily menu is displayed for residents to see what is available at each mealtime. Ref: 5.2.2 Response by registered person detailing the actions taken: As my residents have been here long term we discuss each morning what they want for dinner ,Then someone goes to the shop .We will now display the menu on the White board.

<p>Area for improvement 3</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 29 February 2024</p>	<p>The registered person shall ensure that risk assessments for residents are completed in relation to care delivery and level of supervision required at night.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken: Completed risk assessments are now in place for all residents</p>

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



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