



The Regulation and  
Quality Improvement  
Authority

## Unannounced Secondary Care Inspection

**Name of Establishment:** Golan View  
**RQIA Number:** 1229  
**Date of Inspection:** 10 March 2015  
**Inspector's Name:** John McAuley  
**Inspection ID:** IN016968

**The Regulation And Quality Improvement Authority**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

## 1.0 General information

<b>Name of Service:</b>	Golan View (1229)
<b>Address:</b>	72 Farmhill Road Arvalee Omagh BT79 0NW
<b>Telephone number:</b>	028 8224 6684
<b>E mail address:</b>	None
<b>Registered Organisation/ Registered Provider:</b>	Golan View Mrs Ann Mc Grath
<b>Registered Manager:</b>	Mrs Ann McGrath
<b>Person in charge of the home at the time of inspection:</b>	Mrs Ann McGrath
<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 plus 1 resident out at a day care centre
<b>Scale of charges (per week):</b>	£461 per week
<b>Date and type of previous inspection:</b>	27 November 2014 Primary inspection
<b>Date and time of inspection:</b>	10 March 2015 10:30am – 1:15pm
<b>Name of Inspector:</b>	John McAuley

## **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 an unannounced secondary 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 unannounced inspection was to ensure that the service is 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**

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

- Discussion with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Consultation with residents
- Inspection of the premises
- Evaluation of findings and feedback

## **5.0 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 the following DHSSPS Residential Care Homes Minimum Standard:

### **Standard 9 - Health and social care**

**The health and social care needs of residents are fully addressed.**

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home'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.

## 6.0 Profile of service

Golan View Residential Care home is situated on the Farmhill Road, Arvalee. This is a rural location outside the town of Omagh, County Tyrone.

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

The McGrath family live in adjoining accommodation, with shared kitchen facilities in the central area of the home.

Accommodation for residents is provided in single rooms on a ground floor level..

Communal lounges and a dining area are provided in a central location.

The home also provides for catering and laundry services.

Two communal sanitary facilities are available.

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

Residential Care - RC- I, RC – MP, RC - MP(E), RC – PH

I – Old age not falling into 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.

## 7.0 Summary of inspection

This secondary unannounced care inspection of Golan View Residential Care Home was undertaken by John McAuley on 10 March 2015 between the hours of 10:30am and 1:15pm. Mrs Ann McGrath, the registered manager was available during the inspection and for verbal feedback at the conclusion of the inspection.

The six recommendations made as a result of the previous inspection were also examined. There was evidence that the home has addressed all areas as required within the timescales specified. The detail of the actions taken by the registered manager can be viewed in the section following this summary.

The focus of this inspection was on Standard 9 Health and Social Care of the DHSSPS Residential Care Homes Minimum Standards. A review of this standard found that care records were recorded in detail with good account of residents' health and social care needs being met. The registered manager confirmed good knowledge and understanding of residents' needs and prescribed interventions. Care progress records contained evidence that statements of assessed need had a recorded statement of care / treatment given and effect of same. There were processes in place to ensure the effective management of the standard inspected, and the overall standard was assessed as compliant.

During the inspection the inspector met with the two residents in the home, observed care practices, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they expressed that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff and management. Comments received from residents are included in section 10.0 of the main body of the report.

The home presented as clean and tidy with a good standard of décor and furnishings being maintained.

Discreet observations evidenced residents being treated with dignity and respect. A pleasant relaxed homely atmosphere was in place with residents observed to be content with same.

No requirements and no recommendations were made as a result of the secondary unannounced inspection.

The inspector would like to thank the residents, and the registered manager for their assistance and co-operation throughout the inspection process.

### 8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 27 November 2014

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
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.	The home's policy and procedure on restraint has been amended accordingly.  There is no CCTV usage in the home.	Compliant
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.	This care plan has been amended accordingly.	Compliant
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.	The care plans have been signed for by residents and their aligned care manager.	Compliant
4.	13.1	The home should develop a policy to reflect the provision of activities for residents in the home.	The home's policy on activities has been developed accordingly.	Compliant
5.	13.2	Residents should be facilitated to participate in community events in the local area.	Discussions with residents and a review of their care records confirmed that they did participate in community events in the local area. Examples of this included going out for meals, attending a local market and church attendance.	Compliant

<b>No.</b>	<b>Minimum Standard Ref.</b>	<b>Recommendations</b>	<b>Action Taken - As Confirmed During This Inspection</b>	<b>Inspector's Validation of Compliance</b>
6.	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.	The issue raised by the resident was reported to the aligned care manager by the registered manager.	Compliant

**9.0 Inspection Findings**

<b>STANDARD 9 - Health and social care</b> <b>The health and social care needs of residents are fully addressed.</b>	
<b>Criterion Assessed:</b> 9.1 The home has details of each resident’s General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
A review of residents’ care records confirmed that the details of each resident’s GP and aligned healthcare professionals were recorded.  Assistance is in place, for those residents who need to register with a new GP and / or healthcare professionals.	Compliant
<b>Criterion Assessed:</b> 9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	<b>COMPLIANCE LEVEL</b>
<b>Inspection Findings:</b>	
Discussions with the registered manager confirmed that she had good knowledge and understanding of residents’ needs and practices and interventions prescribed. This knowledge and understanding was found to correspond with the assessments and care plans reviewed.  The review of progress records was also able to evidence that residents were supported with spiritual, emotional, bereavement and loss needs. This was also reflected in discussions with residents.	Compliant

**STANDARD 9 - Health and social care**  
**The health and social care needs of residents are fully addressed.**

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.	
<b>Inspection Findings:</b>	
A review of residents' care records confirmed that issues of assessed need had a recorded statement of care / treatment given and effect of same. This included referrals to the aligned health care professional(s).	Compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.	
<b>Inspection Findings:</b>	
Evidence was in place to confirm that the resident's representative is provided with feedback from health and social care appointments and any follow up care required. This evidence was recorded in a contact record with the resident's representative and also in the resident's progress records.	Compliant

**STANDARD 9 - Health and social care**  
**The health and social care needs of residents are fully addressed.**

<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	
<b>Inspection Findings:</b>	
A record is maintained of each resident's contact with their aligned health care professional(s). There was also evidence in place to confirm that referrals are made as necessary to the appropriate service.	Compliant
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	
<b>Inspection Findings:</b>	
General observations of residents' aids, appliances and equipment found these were maintained in good order.	Compliant

## **10.0 Additional Areas Examined**

### **10.1 Resident's consultation**

The inspector met with all the residents in the home at the time of this inspection. Both these residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff and management.

Some of the comments received included statements such as:

- "I couldn't be any better looked after. I am glad I came here"
- "Everything is great, no problems. I am very happy here"

No concerns were expressed or indicated.

### **10.2 Relatives/representative consultation**

There were no visiting relatives in the home at the time of this inspection.

### **10.3 Staff consultation**

There were no staff members on duty other than the home's registered manager Mrs Ann McGrath.

### **10.4 Visiting professionals' consultation**

There were no visiting professionals in the home at the time of this inspection.

### **10.5 General environment**

The home was found to be clean and tidy with a good standard of décor and furnishings being maintained.

Residents' bedrooms were observed to be homely and personalised.

The communal lounges and dining area were comfortable and nicely facilitated.

The external grounds were well maintained and had good accessibility for residents to avail of.

### **10.7 Care practices**

Discreet observations evidenced residents being treated with dignity and respect. A pleasant relaxed homely atmosphere was in place. There were no restrictive type practices in place with residents being able to mix and socialise with one another, staff and the registered manager.

### **10.8 Residents' meetings**

A review of the record of residents' meetings found that these take place on a regular basis. Issues such activities and events are discussed. Evidence was found that any agreed actions are acted upon.

## 11.0 Quality Improvement Plan

The findings of this inspection were discussed with Mrs Ann McGrath as part of the inspection process.

This inspection resulted in no requirements or recommendations being made. The registered provider and registered manager are asked to sign the appropriate page confirming they are assured about the factual accuracy of the content of the report.

Enquiries relating to this report should be addressed to:

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

**John McAuley**  
Inspector/Quality Reviewer

**Date**



The Regulation and  
Quality Improvement  
Authority



(R)  
Bb

No requirements or recommendations resulted from the secondary unannounced inspection of Golan View which was undertaken on 10 March 2015 and I agree with the content of the report.

Please provide any additional comments or observations you may wish to make below:

SIGNED: Ann McGrath  
NAME: ANN M. GRATH  
Registered Provider  
DATE 15.04.2015

SIGNED: Ann McGrath  
NAME: ANN M. GRATH  
Registered Manager  
DATE 15-04-2015

Approved by:	Date
<u>Bronagh Dwyer</u>	<u>24 April 2015</u>