



# Unannounced Care Inspection Report 5 November 2019



## Ard Na Grainde

**Type of Service: Residential Care Home**  
**Address: 15 Moneyrod Road, Randalstown, BT41 3JB**  
**Tel No: 028 9447 3089**  
**Inspector: John McAuley**

[www.rqia.org.uk](http://www.rqia.org.uk)

---

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards. August 2011.

## 1.0 What we look for



## 2.0 Profile of service

This is a registered residential care home which provides care for up to 19 residents within the categories of care listed in its certificate of registration and 3.0 of this report.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Ard Na Grainde  <b>Responsible Individual(s):</b> Justin McCann	<b>Registered Manager and date registered:</b> Justin McCann 01/04/2005
<b>Person in charge at the time of inspection:</b> Justin McCann	<b>Number of registered places:</b> 19
<b>Categories of care:</b> Residential Care (RC) I - Old age not falling within any other category DE – Dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years A – Past or present alcohol dependence.	<b>Total number of residents in the residential care home on the day of this inspection:</b> 18 plus one resident in hospital

### 4.0 Inspection summary

An unannounced inspection took place on 5 November 2019 from 10.10 to 13.30 hours.

The inspection assessed progress with the one area of improvement identified in the home since the last care inspection and focussed on the standard on staffing in the home.

Evidence of good practice was found in relation to general observations of care practices and the atmosphere in the home being conducive to residents being relaxed, at ease and comfortable. Good practice was also found in relation to staffs' knowledge and understanding of residents' needs and prescribed interventions.

One area of improvement was identified in relation to reviewing the gender mix of staff on duty at all times. One other area requiring improvement was stated for a second time in relation to a door not closing properly.

Residents described living in the home as being a good experience/in positive terms.

Comments received from residents, two visiting relatives, a healthcare professional and staff during the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	*1	1

\*The total number of areas for improvement include one which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Justin McCann, registered manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

## 4.2 Action/enforcement taken following the most recent inspection dated 11 June 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 11 June 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous inspections, registration information, and any other written or verbal information received, for example notification reports.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

During the inspection a sample of records was examined which included:

- staff duty rota
- staff registration details
- competency and capability assessment
- three residents' records of care
- accident / incident records
- RQIA registration certificate

The one area of improvement identified at the last care inspection was reviewed and assessment of compliance recorded as met, partially met, or not met.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 11 June 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27(4)(d)(l)  <b>Stated:</b> First time	The registered person shall repair the identified corridor door to ensure this closes properly.  <b>Ref:</b> 6.3	<b>Not met</b>
	<b>Action taken as confirmed during the inspection:</b> This door was not closing properly at the time of this inspection.  This area for improvement has not been met and has been stated for a second time.	

## 6.2 Inspection findings

### 6.2.1 Staffing

Staffing in the home is made up of a small team of staff together with the responsible individual's family members.

The manager advised that the staffing levels are very stable and are in keeping to the residents' dependencies. Staffing levels over the 24 hour period were discussed. General observations of care practices together with discussions with residents and staff confirmed that adequate staffing levels were in place. However at the time of this inspection there was two male staff on duty from 17.00 hours to 20.00 hours. The manager informed that this was an exception to the case. This was identified as an area of improvement in accordance with standards to review the gender mix of staff on duty at all times to account for residents' assessed needs.

Catering, housekeeping, laundry and an administrator are in place to meet these aligned roles and duties.

Inspection of the duty rota confirmed that it accurately reflected the staff on duty at the time of this inspection.

A competency and capability assessment is completed for any member of staff with the responsibility of being in charge in the absence of the manager. A sample of one of these assessments was inspected and found to be appropriately in place.

Discussions with staff confirmed that they had received a comprehensive programme of induction on appointment. An inspection of the programme of supervisions and appraisals found these were being maintained in a regular and up-to-date basis for all staff. Staff spoke positively about this provision.

A system of monitoring the registration details of care staff with the Northern Ireland Social Care Trust (NISCC) was in place. This was being audited on a monthly basis.

Throughout this inspection residents advised that residents felt safe in the home and well cared for. Residents also advised that staff attended to their needs in a prompt and caring manner.

### **6.2.2 The environment**

The home was clean and tidy with good standard of furnishing and décor being maintained.

Communal areas were comfortable and nicely facilitated. Residents' bedrooms were suitably facilitated with some nicely personalised. Toilets and bathrooms were clean and hygienic.

The grounds of the home were well maintained.

A door in the first floor corridor linked to the fire safety alarm was not closing properly. This has been identified as an area of improvement in accordance with legislation for a second time to make good.

There were no other obvious health and safety risks observed in the internal and external environment.

### **6.2.3 Residents' views**

The inspector met with all the residents in the home at the time of this inspection. All advised that they were very happy with the care provided, that staff were kind and supportive, they enjoyed the meals and that there was a nice atmosphere in the home.

Some of the comments made included statements such as:

- "I am here for respite. Everything is very good here and so are all the staff"
- "No problems what-so-ever here. This is a great place"
- "The food is very good here"
- "Everything is fine here"

One resident declared than she felt cold which was brought immediately to the attention of the manager, who acted on this accordingly.

#### **6.2.4 Relatives' views**

Two visiting relatives voiced praised and gratitude for the provision of care and the kindness of staff in the home, stating that they felt very confident with the home.

#### **6.2.5 Visiting professional view**

A visiting professional stated that the home was welcoming and homely and that her client was very happy in the home and was doing well.

#### **6.2.6 Care practices**

Staff spoke positively about their roles and duties, training and managerial support. Staff advised that they believed a good standard of care was provided for and if there were any concerns they would have no hesitation in reporting these to management.

Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing.

Discussion with the manager, inspection of accident and incidents notifications, care records and complaints records confirmed that if there were to be any suspected, alleged or actual incidents of abuse these would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation and written records would be retained.

Staff advised that they were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

The manager stated there were risk management procedures in place relating to the safety of individual residents and the home did not accommodate any individuals whose assessed needs could not be met.

The general atmosphere in the home was relaxed, homely and supportive. Residents were content, relaxed and at ease with their interactions with staff and their environment. Staff interactions were found to be polite, friendly and warm. Staff responded to residents' needs promptly and showed understanding of individual residents' needs.

#### **6.2.7 Care records**

A sample of two residents' care records was undertaken. These records were maintained in accordance with regulations and standards.

#### **6.2.8 Accident and incidents**

The home's accident, incident and notifiable events policy and procedure included reporting arrangements to RQIA. An inspection of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was inspected as part of the inspection process.

The manager advised that learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

### Areas of good practice

Areas of good practice were found in relation to feedback from residents, general observations of care practices and staffs' knowledge and understanding of residents' needs and prescribed interventions.

### Areas for improvement

There were two areas of improvement identified. One was in relation to a door closure which has been stated for a second time and the other was in relation to reviewing the gender mix of staff on duty at all times.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Justin McCann, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

## 7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

## 7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.



## Quality Improvement Plan

### Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p><b>Area for improvement 1</b></p> <p>Ref: Regulation 27(4)(d)(i)</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 5 December 2019</p>	<p>The registered person shall repair the identified corridor door to ensure this closes properly.</p> <p>Ref: 6.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The identified corridor door was repaired on 06/11/2019 by homes joiner &amp; photographic evidence emailed to Mr John McAuley to confirm same.</p>

### Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

<p><b>Area for improvement 1</b></p> <p>Ref: Standard 25.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 12 November 2019</p>	<p>The registered person shall review the gender mix of staff on duty at all times to account for residents' assessed needs.</p> <p>Ref: 6.2.1</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Management reviewed the gender mix of staff on day of inspection &amp; changes where made to ensure adequate mix of staff on all shifts to ensure residents assessed needs are being met at all times.</p> <p>Management to continually check gender mix on all future rotas to ensure adequate staffing on each shift.</p>



The **Regulation and  
Quality Improvement  
Authority**

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

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

Assurance, Challenge and Improvement in Health and Social Care