



The **Regulation** and
Quality Improvement
Authority

Unannounced Follow-up Care Inspection Report 30 January 2020



Ard Na Grainde

Type of Service: Residential Care Home
Address: 15 Moneyrod Road, Randalstown, BT41 3JB
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Inspector: Marie-Claire Quinn

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 who have been assessed as requiring care under the categories listed in section 3.0 below.

3.0 Service details

Organisation/Registered Provider: Ard Na Grainde Responsible Individual(s): Justin McCann	Registered Manager and date registered: Justin McCann – 1 April 2005
Person in charge at the time of inspection: Justine Quigg, deputy manager. Justin McCann, manager, joined shortly after the inspection commenced.	Number of registered places: 19
Categories of care: 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.	Total number of residents in the residential care home on the day of this inspection: 17

4.0 Inspection summary

Following receipt of whistleblowing information from an anonymous source, an unannounced care inspection took place on 30 January 2020 from 08.30 hours to 13.00 hours to identify any possible breaches in regulation in the following areas:

- the home's environment
- resident's bedrooms
- laundry arrangements
- catering arrangements.

It is not the remit of RQIA to investigate complaints or adult safeguarding concerns made by or on behalf of individuals, as this is the responsibility of the registered providers and the commissioners of care. However, if RQIA is notified of a potential breach of regulations or minimum standards, it will review the matter and take appropriate action as required; this may include an inspection of the home.

The residents we met and spoke with told us they liked living in the home; residents appeared well cared for and denied any issues or concerns about the care being provided in the home.

The concerns raised by the whistle blower were not substantiated.

Two areas for improvement were identified in relation to fire safety precautions and review of the smoking facilities in the home.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Justin McCann, manager, Justine Quigg, deputy manager and Gemma Harper, senior care assistant, 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 5 November 2019.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the previous care inspection report, notification reports, and any verbal or written communication received since the last care inspection.

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.

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received within the agreed timeframe of two weeks after the inspection.

The following records were examined during the inspection:

- staff duty rota from 20 January 2020 to 2 February 2020
- bedroom daily cleaning audits
- food temperature records from 6 January 2020 to 29 January 2020
- food hygiene certificate dated 4 December 2019
- complaints records from June 2019 to January 2020
- the care records of four residents
- supplementary care records of two residents

Areas for improvement identified at the last care and medicines management inspection were 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 previous inspection(s)

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
Area for improvement 1 Ref: Regulation 27(4)(d)(i) Stated: Second time	The registered person shall repair the identified corridor door to ensure this closes properly.	Met
	Action taken as confirmed during the inspection: Inspection of the identified door confirmed that this area for improvement has been met.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 25.1 Stated: First time	The registered person shall review the gender mix of staff on duty at all times to account for residents' assessed needs.	Met
	Action taken as confirmed during the inspection: There was evidence from staffing records and observation of practice that this area for improvement was met.	

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 10 Stated: First time To be completed by: 10 May 2018	The registered person shall ensure that when a resident is prescribed a medicine for administration on a “when required” basis for the management of distressed reactions, the circumstances when this may be administered are detailed in the care plan and the reason for and outcome of each administration is recorded.	Met
	Action taken as confirmed during the inspection: Review of care records and discussion with staff confirmed this area for improvement has been met.	

6.2 Inspection findings

6.2.1 Environment

The home was clean, warm and tidy.

All the residents we spoke with told us they found the home warm and comfortable; “it’s nice and cosy.” Some residents told us that at times, they were too warm; several residents had left their bedroom windows open as they liked the fresh air. Residents confirmed that there was hot water for their baths and showers when required.

Review of records and discussion with management established that the home had not received any concerns or complaints from residents regarding the temperature of the home or availability of hot water.

We did observe that the doors to the kitchen and dining room were wedged open. As these are fire doors, we advised management that this practice must cease immediately and an area of improvement has been made.

We also asked management to review the décor in the smoking room as the walls and flooring needed refreshed. Management advised us they are considering an overall review of the smoking facilities in the home and may develop an outdoor space. However as the smoking room continues to be used at present, an area of improvement has been made to ensure it is maintained to an acceptable standard for residents.

6.2.2 Resident’s bedrooms

Resident’s bedrooms were clean, tidy and personalised depending on the needs and interests of the resident.

Bed linen is provided to all residents and an ample supply of clean linen was available in the home. Extra blankets were available for residents, depending on preference. We found bed linen to be clean, of acceptable quality and sufficiently maintained.

Discussion with staff and review of care records confirmed there were appropriate arrangements in place for residents who may require additional support with their continence needs. A cleaning checklist was maintained in each bedroom, to monitor and review when bed linen is changed, including when a resident may decline this.

When we spoke with residents, no concerns were raised about their bedrooms; residents told us they found their beds comfortable, and get a good night's sleep.

6.2.3 Laundry arrangements

Laundry facilities are shared with Strawberry Fields, a sister home.

On the day of inspection, residents were dressed in their clothing of choice. There were sufficient clean clothes in wardrobes, and when we spoke with residents, they denied any concerns regarding the laundry arrangements in the home.

Discussion with staff and review of care records confirmed there were sufficient arrangements in place to ensure that residents had access to clean, laundered clothing.

6.2.4 Catering arrangements

Catering staff are shared with Strawberry Fields, a sister home. Staff described how meals are freshly prepared in the sister home, chilled and then transported to Ard Na Grainde. Review of catering records confirmed that food was appropriately reheated. Food temperatures were taken and recorded. The home's most recent food hygiene inspection took place in November 2019 and the home was awarded 5 stars.

Inspection of the kitchen confirmed there was an ample supply of breakfast food and snacks, including ingredients to provide residents with alternative options to the planned daily menu, if required. Staff explained how the menu is planned and reviewed in conjunction with resident's needs and preferences.

We observed both the serving of the breakfast and lunch time meal. Residents enjoyed breakfast at their leisure and chose from a range of meals including cereal, porridge, eggs, toast fruit and yoghurt. Residents could choose to enjoy their meals in the dining room, conservatory, the lounge or the privacy of their own bedrooms. Food was covered and appropriately transported within the home. During the serving of the lunch time meal, residents were offered a choice of portion size, and specific dietary requirements and preferences were adhered to. The food looked appetizing and all the residents we spoke with told us they enjoyed their meal.

Review of complaints records confirmed the home had received one complaint in June 2019 regarding preferred portion size for one resident. This had been fully addressed and resolved with the resident.

No concerns regarding the quality, quantity or temperature of the food was raised by residents, who told us:

- “The food here is fine and we get enough. Sometimes I get too much food on my plate!”
- “We got a great stew for our tea last night.”
- “We get drinks and snacks whenever we want.”
- “I like toast and marmalade for my breakfast and I get it every day.”

6.2.5 Care delivery

There was a friendly and relaxed atmosphere in the home throughout the inspection. Residents and staff interacted in a cheerful and good humoured manner. Staff were prompt and proactive in anticipating and responding to resident needs.

Staff demonstrated confidence and knowledge of the care planned and provided to residents in the home. When we spoke with staff, we were satisfied that they had a strong person centred approach to the care being delivered in the home. This was confirmed by the residents we spoke with, who told us they liked the home and the staff. Those residents who could not clearly express their thoughts and feelings were relaxed, content and appeared happy.

Discussion with staff and observation of practice confirmed residents were provided with choice and supported to be as independent as possible. Both verbal and written consent was sought from residents; for example, regarding the management of smoking materials.

6.2.6 Care Records

Review of care records was satisfactory as care plans were holistic and person centred. There was clear assessment, guidance and information on resident’s needs, requirements and personal preferences regarding their personal care and appearance, continence management, management of diabetes and management of distressed reactions.

The home maintained regular liaison with resident’s representatives, including relatives and multi-agency professionals. For instance, resident’s weights were recorded on a monthly basis, with their consent. Any changes in weight were responded to appropriately, with referrals made to specialist services such as dieticians, as required.

We reiterated the need to maintain the home’s social model of care; management agreed to review care documentation to ensure this remains the focus of assessment and delivery of care in the home.

6.2.7 Views of visiting relatives

We spoke with one resident’s family member who was visiting on the day of inspection. They confirmed that they were happy with the care being provided in the home and no concerns or issues. Staff and management were described as available and responsive, “you can always get speaking to them on the phone, if there was anything.”

Areas of good practice

There were examples of good practice in relation to the homely and welcoming atmosphere in the home and the person centred care planning and delivery.

Areas for improvement

Two areas for improvement were identified in relation to fire safety precautions and review of the smoking facilities in the home.

	Regulations	Standards
Total number of areas for improvement	2	0

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, manager, Justine Quigg, deputy manager and Gemma Harper, senior care assistant, 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>Area for improvement 1</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: from 30 January 2020</p>	<p>The registered person shall take adequate precautions against the risk of fire by ensuring that the practice of wedging open fire doors ceases immediately.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: All fire doors are fully functioning and no longer wedged open. Acoustic door closers/guards fitted to fire doors, tested regularly and in full working order.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (2) (d)</p> <p>Stated: First time</p> <p>To be completed by: 30 April 2020</p>	<p>The registered person shall review the use of the smoking room in the home and ensure the room remains clean and reasonably decorated.</p> <p>Ref: 6.2.1</p> <p>Response by registered person detailing the actions taken: Smoking room currently undergoing renovations, new floor to be fitted and painting underway. Provisional plans made for smoking area to be moved outside, awaiting follow-up discussion with MH Fire Safety (currently on hold due to COVID-19 outbreak).</p>

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



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