



Announced Care Inspection Report 4 March 2021



Ard Na Grainde

Type of Service: Residential Care Home
Address: 15 Moneyrod Road, Randalstown, BT41 3JB
Tel no: 028 9447 3089
Inspector: Nora Curran

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 residential care home registered to provide residential care for up to 19 residents.

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: Justin McCann	Number of registered places: 19 5 named individuals with mild and moderate dementia.
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.	Number of residents accommodated in the residential home on the day of this inspection: 16

4.0 Inspection summary

An announced inspection took place on 4 March 2021 from 10.00 to 14.50 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

Following a risk assessment RQIA decided to undertake a remote inspection of this home. The following areas were examined during the inspection:

- staffing
- management arrangements
- governance systems
- infection prevention and control (IPC)
- quality of life for residents
- quality improvement.

Residents said “I’m happy with the care.”

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Justin McCann, manager and registered person, 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.

5.0 How we inspect

To reduce the risk to residents during the pandemic outbreak, this inspection was carried out remotely. Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- duty rotas from 11 January to 31 January 2021
- a selection of quality assurance audits
- regulation 29 monthly quality monitoring reports
- fire safety records
- complaints and compliments records
- incident and accident records
- minutes of residents' and staff meetings
- activity planner from November 2020 to January 2021
- menus from January 2020
- three residents' care records.

During the inspection RQIA were able to consult with five residents, one visitor and four staff using technology.

Questionnaires were also sent to the manager in advance of the inspection to obtain feedback from residents and residents' representatives and staff. Ten patients' questionnaires and ten residents' relatives/representatives questionnaires and ten staff questionnaires were left for distribution. A poster was provided to the manager to display and distribute to residents' representatives with details of the inspection. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line.

We received one completed questionnaire from a relative, and their feedback is included in this report.

Following a review of the information submitted to RQIA, the inspection took place via teleconference with Justin McCann, manager, and Justine Quigg, manager of sister home Strawberry Fields.

Areas for improvement identified at the last care 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)

The most recent inspection of the home was an unannounced care inspection undertaken on 30 January 2020.

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) (b) Stated: First time	The registered person shall take adequate precautions against the risk of fire by ensuring that the practice of wedging open fire doors ceases immediately.	Met
	Action taken as confirmed during the inspection: Automatic door closers have now been fitted to most doors. We observed that doors without automatic closers were not wedged open. Maintenance records showed that the door mechanisms are tested weekly.	
Area for improvement 2 Ref: Regulation 27 (2) (d) Stated: First time	The registered person shall review the use of the smoking room in the home and ensure the room remains clean and reasonably decorated.	Met
	Action taken as confirmed during the inspection: This room had been redecorated and was found to be well maintained. The smoking area has now been relocated to another part of the home and is discussed further in sections 6.2.4 and 6.2.6.	

6.2 Inspection findings

6.2.1 Staffing

At the commencement of the inspection the manager confirmed the staffing levels and skill mix over the 24 hour period and explained that staffing arrangements were subject to regular review to ensure that the assessed needs of residents were met.

The duty rotas from 11 January to 31 January 2021 evidenced that planned staffing levels were adhered to during this period. The manager's hours were included on the duty rota and the person in charge was identified.

The manager confirmed that staff completed competencies to take charge of the home and to administer medicines safely. An on-call rota was in place and made available to staff on the office notice board.

There was a system in place for pre-employment checks prior to any persons starting work in the home. Staff completed an induction programme pertaining to their role and staff told us that they felt supported with induction and training. There was also a system for monitoring of relevant staffs' registration status with Northern Ireland Social Care Council (NISCC)

A review of staff meeting records showed regular consultation with staff. Records were well maintained with attendance lists, agendas, discussions and action plans. The action plans were signed off and dated once complete.

There were no concerns expressed about staffing from feedback neither on the day of inspection nor on the returned questionnaire.

Residents said:

- "They are good to me...not a bad word about them".
- "Staff are excellent".
- "Staff are great...it didn't take me long getting used to the place".
- "Fantastic, homely and warm...they are brilliant and good fun".

One relative said, "I feel we have been very fortunate...being cared for in such a caring environment. Talking to staff, I have been very aware of the caring ethos of this home".

6.2.2 Management arrangements

There had been no changes in the management arrangements since the last inspection. As the home is family owned and run, the organisational structure consisted of family members. The manager told us that there were future plans to reorganise the registered persons for Ard Na Grainde and their sister home, however no formal applications had been made to RQIA at the time of this report publication. It was emphasised that the management and governance arrangements should reflect the details on the home's certificate of registration.

The manager was identified as the home's safeguarding champion and displayed a good understanding of their role and responsibilities. The manager was conversant in the processes in place for safeguarding and discussed examples around capacity and consent.

6.2.3 Governance systems

Prior to the inspection we requested copies of a number of audits and governance related records to be sent to RQIA. These included quality assurance audits such as hand hygiene, environmental infection control, falls, accidents and incidents, wound care, and complaints. We also requested the provider monthly monitoring reports from December 2020 and January 2021. Infection prevention and control related audits are discussed further in section 6.2.4.

The accident and incident records were maintained appropriately and the home submitted quarterly reviews to the Northern Health and Social Care trust (NHSCT). We identified that the home did not consistently notify RQIA of notifiable events within the expected timeframe, with some notifications being submitted several weeks or months after the event itself. This was discussed with the management team who acknowledged that they required a more robust system for reporting notifiable events in a timely manner. An area for improvement was identified.

Falls audits were completed monthly and included an analysis of trends. These audits were found to be well detailed and included comments on the circumstances relating to the fall, the environment, and physical and mental health factors. The analysis gave a good summary of the findings and gave clear recommendations to help reduce the risk of falls.

The wound audits were also completed monthly and contained relevant information on wound causes and treatment plans. Good practice was identified with regards to clear outcomes and recommendations for staff.

It was positive to note that the complaints records included all expressions of dissatisfaction, regardless of how minor or how they were initially communicated by the complainant. The records showed what the complaint was, what was done about it and what the outcome was. We found that there was some inconsistency in the recording of complainant's satisfaction status on outcome. This was discussed with the management team and it was agreed that a more consistent approach to recording would be taken going forward. This will be reviewed at the next inspection.

The provider monthly monitoring reports from December 2020 and January 2021 were reviewed. We found that a written report was made available to the manager each month and contained resident, staff and relative consultation, and a review of various records. Each report commented on progress made from the previous month and ended with an action plan for continued quality improvement.

6.2.4 Infection prevention and control (IPC)

The manager confirmed that the home was free from Covid-19 at the time of the inspection, and they were fully engaged with the regional programme for planned and regular testing for all staff and residents.

The home was operating a visiting policy in line with the Department of Health (DOH) Covid-19 visiting in care homes guidance. During the inspection we were able to view the indoor visiting area and we observed a visiting session take place. All visits were by appointment only, and records were maintained for track and trace purposes. Temperature checks and health declarations are completed with visitors at each visit. A partition screen was in place and PPE and hand sanitising facilities were made available.

The manager confirmed that they had a policy in place to offer the DOH care partner initiative. At the time of the inspection there were no requests for this arrangement.

Four hand hygiene audits conducted in December 2020 and January 2021 were reviewed. The audits evidenced that staff were covertly observed during key times for hand hygiene and that issues were addressed at the time. As part of the homes response to the pandemic, all staff were also given a hand hygiene induction which revised their knowledge and practice around key moments and hand washing technique.

IPC environmental audits were conducted monthly and a review of the records from November 2020 to January 2021, showed what areas were audited, the findings and actions taken.

A virtual walk around the home was undertaken. Communal areas such as corridors, lounge, dining room, visiting area, and bathrooms were found to be clean, tidy, and well maintained. The internal spaces were well lit and all fire exits were clear from obstruction.

As part of the home's response to the pandemic, they relocated the treatment room to a room at the end of a corridor near an exit. This meant that professional visitors such as district nursing could attend the home and see residents in the treatment room without having to walk through other areas of the home. The new treatment room had recently been redecorated from a smoking room and contained locked storage cupboards and hand washing facilities. A new smoking area was allocated outside. The manager confirmed that they hoped to make this new arrangement permanent. Advice was sought from RQIA estates who recommended that the home submit a variation application as soon as possible to make the necessary changes to registration.

There were designated areas for donning and doffing of personal protective equipment (PPE), and we could see that stations were well supplied with PPE and hand sanitiser.

The laundry room was clean and well organised and certain machines were designated for Covid-19 positive cases as part of the home's contingency plan.

Residents, staff and the visitor spoken with on the inspection all expressed that they felt safe in the home and that they believed the Covid-19 pandemic was being managed well.

Residents said:

- "They keep my room very clean..."
- "The level of cleanliness is good...I get to keep in touch with people...relative gets to visit".
- "This place is immaculate...out of this world".

One relative told us, "I feel safe coming in...they have managed it very well...I'm very happy the place is clean".

Staff told us that they always had ample supply of PPE and that the Covid-19 guidance was always shared with them so they knew what was expected from them.

6.2.5 Quality of life for residents

During the virtual walk around we observed residents in various locations around the home. Residents looked well cared for and comfortable in their surroundings.

The dining room seating capacity was reduced to encourage social distancing, and residents could choose to have their meals in other communal areas or in their own bedrooms. A sample of resident bedrooms were viewed and found to be clean and homely with personal memorabilia on display.

A review of the menus from January 2021 showed that a wide variety of food choices were available. Residents' weights were monitored at least monthly and we identified a trend of gradual weight gain for the majority of residents from admission. Residents spoken with on the day of inspection commented positively on the quality and choice of food.

Prior to the inspection the home provided us with nutritional and personal care records for three residents, as selected by RQIA. For all three residents we found that relevant risk assessments and care plans were in place. The care plans were person centred and gave detailed instruction to staff on the level of support each resident required. We did note that some handwritten records, while legible, were somewhat untidy with the potential for becoming illegible. This was discussed with the manager who recognised the need for some records to be re-written. This will be reviewed at the next inspection.

The activity planner from November 2020 to January 2021 showed a range of social and recreational activities. On discussion with the manager it was recognised that the pandemic had impacted greatly on the regular activity programme as advertised and the home were focusing more on individual one on one recreational options.

There was evidence of formal consultation with residents in the form of resident meetings. A review of records from 2020 contained attendance lists, agendas and action plans. Action plans were signed and dated when complete.

During the virtual walk-round and one to one time with residents via teleconference, residents were seen to be comfortable and well cared for.

Residents said:

- "The food is good...I love the stew...we get good care and attention...the night staff are great".
- "I'm spoilt rotten...the food is even better than at home".
- "I've got to know a lot of people...feel safe...the food is good and we nearly get too much".

One visitor to the home told us, "We have no complaints...they get spoilt...the communication is good, if they can't get the next of kin they ring me".

6.2.6 Quality Improvement

As part of the pre-inspection process the home complete a self-assessment and identified areas that they felt they wished to further improve.

The relocation of the treatment room added further IPC measures and reduced the potential risk of outbreak coming from visiting professionals. As this change resulted in the resident smoking area being moved outside, the responsible individual made arrangements to erect a smoking shelter. At the time of inspection planning permission had been obtained. As stated in section 6.2.4 RQIA has requested that the home submit a variation application for these changes.

The home also identified the need to increase awareness of activities in the home and planned to have a regular newsletter issued from end of March 2021. The manager described the changing approach to activities due to the pandemic and discussed various approaches which included, ensuring WIFI availability for residents during the isolation periods, facilitating exercise walks for residents in isolation with full PPE, starting up a walking club, gardening, flower arranging, and games such as football, skittles and bowls.

Areas of good practice

Areas of good practice were identified in relation to the management of Covid-19 pandemic, staff induction and awareness of their roles and responsibilities, and meals. Further areas of good practice were identified in relation to residents' experience and the homely environment.

Areas for improvement

An area for improvement was identified in relation to timely reporting of notifiable events to RQIA.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3 Conclusion

Overall the inspection was positive. Residents looked well cared for and spoke in positive terms about their experiences living in Ard Na Grainde. Staff told us that they were supported in conducting their roles and responsibilities and that they did not have any concerns in relation to the running of the home.

Discussions with the manager highlighted some areas that required follow up, such as variation applications for renovation works, the re-writing of some care a record, ensuring that complainants' satisfaction status is recorded consistently on complaints records, and formal confirmation on the future managerial structure of the home.

One area for improvement was identified in relation to the timely reporting of notifiable events to RQIA. The manager agreed to review their current systems.

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, and Justine Quigg, manager of sister home Strawberry Fields, 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 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 30</p> <p>Stated: First time</p> <p>To be completed by: with immediate effect</p>	<p>The registered person shall ensure that there is a robust system in place for reporting notifiable events to RQIA without delay.</p> <p>Ref: 6.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Registered Person has created five new Delegated Users who can access the Web Portal on behalf of the service. These individuals have been granted the permission to report notifiable events to the RQIA. The Registered Person has selected and trained individuals who work both day and night shift patterns, which will ensure that incidents are report without delay.</p> <p>The Regisitered Person will continue to monitor and oversee the new report system and adjust any procedures as required.</p>

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



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
Web www.rqia.org.uk
📍 @RQIANews

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