



The **Regulation** and
Quality Improvement
Authority

Unannounced Follow Up Care Inspection Report 5 December 2018



Ard Na Grainde

Type of Service: Residential Care Home
Address: 15 Moneyrod Road, Randalstown, BT41 3JB
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Inspector: John McAuley

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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 19 beds that provides care and accommodation for residents in the categories of care detailed in its certificate of registration and cited in 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Ard Na Grainde Responsible Individual: Justin McCann	Registered Manager: Justin McCann
Person in charge at the time of inspection: Joanna Hamilton, senior care assistant then joined by Justin McCann, registered manager at 10:45 hours	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) I – Old age not falling within any other category DE – Dementia – 5 named individuals (mild to moderate dementia) MP (E) – Mental disorder excluding learning disability or dementia – over 65 years A – Past or present alcohol dependence	Number of registered places: 19

4.0 Inspection summary

An unannounced inspection took place on 5 December 2018 from 09:30 to 14:00 hours.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

Following receipt of whistleblowing information from an anonymous source and following discussion with the adult safeguarding team from the Trust, this unannounced inspection was undertaken to identify any possible breaches in Regulations in regards to the following areas;

- staffing – including recruitment
- environment
- categories of care
- staff induction
- Northern Ireland Social Care Council (NISCC) registration

It is not the remit of RQIA to investigate complaints/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.

Feedback from residents throughout this inspection was all positive and complimentary, in regard to their life in the home, the provision of care, the kindness and support received from staff and the provision of meals.

The concerns raised by the whistle-blower were not validated.

Areas for improvement were however identified during the inspection in relation to mixed duties, mandatory training and the record of induction.

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	1

Areas for improvement and 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 care inspection

No further actions were required to be taken following the most recent inspection on 7 June 2018.

5.0 How we inspect

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

During the inspection the inspector met with 18 residents, five staff, and the registered manager.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Competency and capability assessments
- Staff supervision and annual appraisal schedules
- Staff training schedule and training records
- Four staff members' recruitment files
- NISCC staff registrations
- Three residents' care files
- Fire safety risk assessment

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 most recent inspection dared 7 June 2018

The most recent inspection of the home was an unannounced care inspection. There were no areas for improvement identified.

6.2 Review of areas for improvement from the last care inspection dated 07 June 2018

There were no areas for improvement made as a result of the last care inspection.

6.3 Inspection findings

Staffing

The registered manager and staff advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Temporary/agency staff were not used in home. Any turnover of staff was kept to minimum, where possible, and was monitored by the management of the home.

No concerns were raised regarding staffing levels during discussion with residents and staff.

An area of improvement in accordance with legislation was identified in respect of mixed duties. A senior care assistant was undertaking cooking duties. This practice must cease and staff must be assigned and trained accordingly to specific roles and duties, as aligned to their job descriptions.

Discussion with the senior care assistant and inspection of records confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the registered manager.

An inspection of the duty rota confirmed that it accurately reflected the staff working within the home.

A register of staff working in the home was available and contained all information as outlined within the legislation.

The home's recruitment and selection policy and procedure complied with current legislation and best practice. Discussion with the registered manager and inspection of a sample of four staff members' recruitment records confirmed that staff are recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005

Environment

The home was clean and tidy with a good standard of décor and furnishings being maintained. Residents' bedrooms were found to be individualised with photographs, memorabilia and personal items.

From the sample of ensuite bathrooms and communal bathrooms inspected, all were found to be clean, tidy and suitably facilitated.

The catering and laundry facilities were tidy and well organised. Whilst it is noted that residents derive great pleasure from a dog being in the home it was alleged by the whistleblower the dog was able to access the kitchen on occasions. Whilst this was not observed during the inspection the registered manager was reminded of the hygiene risks in this regard. Assurances were given by the registered manager that this practice would cease immediately.

The grounds of the home were well maintained with good accessibility for residents.

The home's most recent fire risk assessment was dated 21 November 2018. Confirmation was in place of the actions being taken in response to the seven recommendations made from this assessment

Categories of care

The registered manager advised that the needs of residents were met in accordance with the home's Statement of Purpose and the categories of care for which the home is registered with RQIA.

The registered 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. An inspection of a sample of three residents' care records identified that residents' care needs and risk assessments were obtained from the Trust prior to admission. The registered manager completes a pre-admission assessment with the potential resident so as to ensure the home can meet any assessed needs. Arrangements are also in place for prospective residents and/or their representatives to visit and assess the suitability of the home prior to admission.

Staff induction and training

An inspection of a sample of four induction records and discussion with staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. However two recently recruited members of staff were reported to have their programmes of induction with them in person and not maintained in the home. Assurances were given that the member of staff brings this programme in during each shift and each area is reviewed with the senior care assistant. An area of improvement in accordance with standards to ensure this record of induction/or a copy of, is maintained in the home at all times.

The whistle-blowing policy and procedure is included in this programme of induction.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training, staff appraisals and supervision were inspected during the inspection.

An inspection of the analysis of mandatory training received by staff, identified a number of deficits in mandatory training received by staff. Primarily, this was newly appointed staff. Plans were in place to address these deficits. This has been identified as an area of improvement in accordance with legislation to act upon without delay.

NISCC

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with at the time of this inspection, advised that they were registered with the Northern Ireland Social Care Council (NISCC).

The home's administrator maintains a record of the registration status of staff. This record identified that there were two members of staff awaiting registration with NISCC. The administrator advised that she is assisting these staff in completing their application. These staff are recently recruited and within the permissible time frame for application to register.

Residents' Views

The inspector met with all the residents in the home at the time of this inspection. All confirmed/indicated that they were happy with their life in the home, their relationship with staff, the provision of meals and the overall general atmosphere in the home. Some of the comments made included statements such as:

- "It's a home from home here. I am very happy with everything"
- "The staff are very attentive in every way. If you need anything like a cup of tea between meals you just need ask. It's these wee things that matter"
- "There are no worries about anything in this home. It is a very well run and all the staff and wonderful. I see everyone is well cared for"
- "The meals are 100%. As is everything in the home"
- "You couldn't be any better cared for"
- "I am very happy here and want for nothing. I have nothing but praise for the home"
- "It's a very good place"

Residents also appeared comfortable and at ease in their environment and interactions with staff. There was a nice atmosphere in the home. Residents were socialising with one another and/or relaxing watching television or reading.

Staff Views

The inspector met with all the members of staff on duty at the time of this inspection. All spoke in positive terms about their roles and duties, the provision of care, staffing levels, training, morale and managerial support.

General observations of care practices found that staff attended residents' needs in an unhurried, kind, caring manner. Staff were also observed to spend time interacting with residents. Staff Interactions with residents were polite, friendly, warm and supportive.

Areas of good practice

Areas of good practice were found in relation to feedback from residents and staff, general observations of care practices and atmosphere in the home and the environment.

Areas for improvement

Areas for improvement were identified during the inspection in relation to mixed duties, mandatory training, and the record of induction.

	Regulations	Standards
Total number of areas for improvement	2	2

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>Area for improvement 1</p> <p>Ref: Regulation 20(1)(a)</p> <p>Stated: First time</p> <p>To be completed by: 6 January 2019</p>	<p>The registered person shall ensure that should any staff be required to hold mixed duties they will be suitably trained and recorded on separate duty rotas. Catering roles must not detract from care delivery.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: Staff are no longer carrying out mixed duties. A separate catering roster has been implemented and catering staff employed.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 20(1)(c) (i)</p> <p>Stated: First time</p> <p>To be completed by: 6 January 2019</p>	<p>The registered person shall ensure any deficits in mandatory training received by staff are acted upon accordingly.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: All deficits in mandatory training have been reviewed and relevant staff have completed same.</p>



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