

# Inspection Report

8 July 2021



## Ard Na Grainde

Type of service: Residential Care Home  
Address: 15 Moneyrod Road, Randalstown, BT41 3JB  
Telephone number: 028 9447 3089

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organization/Registered Provider:</b> Ard Na Grainde  <b>Responsible Person</b> Mr Justin McCann	<b>Registered Manager:</b> Mr Justin McCann  <b>Date registered:</b> 1 April 2005
<b>Person in charge at the time of inspection:</b> Mr Justin McCann	<b>Number of registered places:</b> 19  5 named individuals with mild and moderate dementia.
<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>Number of residents accommodated in the residential care home on the day of this inspection:</b> 18
<b>Brief description of the accommodation/how the service operates:</b> This is a Residential Care Home which provides health and social care for up to 19 residents. The home is divided over two floors and residents have access to communal lounges, conservatory, dining area and gardens.	

## 2.0 Inspection summary

An unannounced inspection took place on 8 July 2021, from 10.10 am to 16.30 pm by two care inspectors.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led. All areas for improvement from the last care inspection were reviewed and met.

The home was clean, well-lit and there was a homely atmosphere. Staff were attentive to the residents and carried out their work in a compassionate manner. Residents said that living in the home was a good experience.

It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

Six areas for improvement were identified in respect of fire safety, management arrangements, infection prevention and control (IPC), staff recruitment process, notification to RQIA of any structural changes to the building, and updating the visiting policy.

RQIA were assured that the delivery of care and service provided in Ard Na Grainde was safe, effective, compassionate and that the home was well led. The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Mr Justin McCann, Manager and Ms Gemma Harper, Senior Care Assistant.

### **4.0 What people told us about the service**

Eight residents and three staff were spoken with during the inspection. No comments were provided by staff via the on-line staff survey.

One member of staff told us they liked working in the home, that the residents were well looked after and the training provided to them was good. Another member of staff told us the manager was approachable, and they would know who to approach if they had a concern.

Residents told us they had choice in how they spend their day. One resident described the food as “beautiful”, and the staff as, “absolutely amazing”. The residents told us they would know who to go to if they had a complaint. One resident told us the “girls are good to me”, and that they “loved living in the home”. One resident told us “the girls could not be better, I could not be happier”.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 4th March 2021		
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 30  <b>Stated:</b> First time	The registered person shall ensure that there is a robust system in place for reporting notifiable events to RQIA without delay.	<b>Met</b>
	<b>Action taken as confirmed during the inspection.</b> There was evidence to confirm that this area for improvement was met.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. A sample of staff recruitment files were reviewed and showed that expected checks such as Access NI and employer references were in place. It was noted that the organisation’s application form did not ask candidates for dates of employment and therefore it was unclear if a full employment history was obtained or if there were gaps in employment. An area for improvement was identified.

There were systems in place to ensure staff were trained and supported to do their job.

Staff confirmed there was good team work and that they felt well supported in their role, they were satisfied with the staffing levels and the level of communication between staff and management. The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rotas however did not clearly identify the position of staff, or the person in charge. This was discussed with the manager who agreed to amend the duty rota. This will be reviewed again at the next inspection.

It was noted that there was enough staff in the home to respond to the needs of the residents and to provide residents with a choice on how they wished to spend their day.

### 5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Examination of records and discussion with the manager confirmed that the risk of falling and falls were well managed. There was a system in place to ensure accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Lunch was served between the lounges and dining room to allow for social distancing. A meal of chicken, potatoes and vegetables was served. There was a range of drinks available to the residents. The dining experience was an opportunity for residents to socialise, music was playing and the atmosphere was calm and relaxed. The three staff serving lunch were attentive to the residents' needs and provided support where it was needed. It was observed that residents enjoyed their meal and the dining experience.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional were recorded.

### 5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, fresh smelling and warm throughout. The lounges had fresh flowers and were bright and spacious and the home was well decorated throughout. Residents' bedrooms were clean and personalised with items important to them. It was observed that in some residents' bedrooms light chiffon type curtains were used on the windows and as a privacy curtain in one room. These type of curtains may not have been sufficient to provide privacy for residents. This was discussed with the manager who agreed to review all bedroom curtains and to provide new curtains where required. This will be reviewed at the next inspection.

A number of concerns were identified in relation to infection prevention and control (IPC). For example, the surface of some bedroom furniture was worn with the wood exposed meaning it could not be effectively cleaned. Shelving in the linen store was made up of wooden slats and some light pull cords were uncovered and could not be effectively cleaned. An area for improvement was identified.

Due to the COVID-19 pandemic the residents' smoke room was temporarily changed to a treatment room. The manager had confirmed that the changes were to be made permanent and RQIA advised at the last inspection that the home would be required to submit a variation application. However, no variation application had been received. An area for improvement was identified.

Corridors and fire exits were free from clutter and obstruction. A fire risk assessment was in place but it was noted that the action plan had not been completed. This was discussed with the manager and RQIA received the updated fire assessment action plan on 26 July 2021 which evidenced that all recommendations had been addressed.

Some issues relating to fire safety were observed; the boiler room on the first floor was found to be cluttered with inappropriate storage such as clothing, linen, and plastic bags. A linen store on the first floor had linen stored to the ceiling which was touching the light fixture and obscuring a fire detector. The same linen store had a fire extinguisher standing on the floor which should have been secured to a wall with easy access in an emergency. It was positive to note that the manager took immediate action to clear the boiler room before the end of the inspection. An area for improvement was identified.

There was evidence that processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. Temperature checks and contact tracing were in place for any visitors to the home. On the day of inspection the home was participating in the regional testing arrangements for residents.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly audited by the manager and records were kept.

The visiting policy had not been updated in several years and did not reflect the Department of Health (DoH) visiting guidance. An area for improvement was identified.

#### **5.2.4 Quality of Life for Residents**

Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. Residents spoke of how they could spend time in their bedrooms, the lounges or conservatory.

Residents also told us that they were encouraged to participate in regular resident meetings which provided an opportunity for them to comment on aspects of the running of the home. This was being done in smaller groups with social distancing in mind.



It was observed that staff offered choices to residents throughout the day which included preferences for getting up, food and drink options, and where and how they wished to spend their time. Staff demonstrated respect for residents' privacy and dignity, and called them by their preferred name. Staff appeared knowledgeable about residents' needs.

There was a range of social and recreational activities provided for residents. Records of residents' activity involvement were maintained. Residents participated in sing-a-longs using Alexa devices, indoor bowling and skittles.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

Residents said they could receive visitors in their bedrooms or outside.

### **5.2.5 Management and Governance Arrangements**

Discussion with the registered person confirmed that plans were in place to change the management arrangements for the home and its sister home Strawberry Fields. It was agreed that the registered person would inform RQIA of the proposed changes and make the required application. An area for improvement was identified.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Staff were aware of who the person in charge of the home was. The duty rota did not highlight roles and grades of staff clearly; this was discussed with the manager as stated in section 5.2.1 of this report.

There was a system in place to manage complaints. There was also a selection of compliment cards and letters highlighting good care and practices in the home.

Staff commented positively about the manager. Discussion with the manager and staff confirmed there were good working relationships between staff and management. Staff spoke of how the manager was approachable.

Records of accidents and incidents that had occurred in the home were managed correctly and reported appropriately.

The home was visited each month by the responsible individual, to consult with residents, their relatives and staff; and to examine all areas of the running of the home. The reports of these visits were completed in detail and where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These reports were available for review by residents, their representatives, the Trust and RQIA.

## 6.0 Conclusion

Residents commented positively on their lived experience in the home. Staff engaged positively and respectfully towards the residents. Staff spoke positively of the good relationships between themselves and management. The delivery of care was caring and compassionate. The environment was well maintained.

As a result of this inspection six areas for improvement were identified in respect of fire safety, management arrangements, infection control, the employment process, notification to RQIA of any changes to the purpose of rooms, and updating the visiting policy. Details can be found in the quality improvement plan included.

Based on the inspection findings and discussions held we were satisfied that this service was providing safe and effective care in a caring and compassionate manner; and the service was well led by the manager/management team. Addressing the areas for improvement identified will further enhance this.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Residential Care Homes' Minimum Standards (August 2011)

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	5	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Mr Justin McCann, Manager and Ms Gemma Harper, Senior Care Assistant as part of the inspection process. The timescales for completion commence from the date of inspection.



Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 21 (4) (b)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	<p>The registered person shall ensure that full employment histories are obtained for all potential employees and any gaps in employment history are explored with rationale documented.</p> <p>Ref: 5.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>  The application form for potential employees has been revised and now requested the start and end date of the candidates current and previous employment.  The interview template has also been revised to include a section for detailing employment history. For each successful Candidate who progresses to the interview stage, they will be asked to discuss their current and previous employment history and details of same will be recorded and compared to the application form. Any gaps in employment history will be explored at this point and the rationale documented.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required	<p>The registered person shall ensure that infection prevention and control measures and practices are robust and that there is a robust system in place for regular monitoring.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>  Environmental and Infection Control audits continue to be carried out monthly. Management have also delegated this role to trained Senior Cares in order to obtain different viewpoints and perspectives, which is then reviewed and actions plans implemented and evaluated.  Pull cord plastic sleeve protectors have been purchased for the light pull cords and nylon nurse call pull cords.  The wooden shelving in the linen cupboard and in the furniture in the bedrooms has been varnished to allow for effective cleaning, which is in keeping with infection prevention and control. Moving forward all cleaning products used on such surfaces will also be in keeping with the manufactures instructions to avoid further damage.</p>

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 32 (h)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that a variation application is submitted to RQIA in relation to the changes made to the residents' smoke room and the treatment room.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> A variation application has been submitted to the RQIA in relation to the permanent changes made to resident's smoking room and the treatment room.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 27 (4)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required</p>	<p>The registered person shall ensure that the premises are maintained to reduce the risk of the spread of fire. This is in relation to inappropriate storage in the boiler room, obstruction of fire detector in the linen store and inappropriate storage of a fire extinguisher in the linen store.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> The fire extinguisher and appropriate signs have been mounted on the wall outside the linen store. The linen store has been reorganised to ensure that it is not overstocked and all items remain on the lower shelves to ensure that the light fixture and fire detector are free from any obstructions and fire hazards.</p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 32 (a) (b)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 October 2021</p>	<p>The registered person shall ensure that arrangements are made to update the home's registration to reflect the day to day management arrangements.</p> <p>Ref:5.2.5</p> <p><b>Response by registered person detailing the actions taken:</b> The application process has begun to make the planned change for Mr Justin McCann and Mrs Justine Quigg to change their Managerial Roles between Ard-na-Grainde and its sister home Strawberry Fields. Mrs Quigg has been in contact with the RQIA Registration Department in relation to this proposed change.</p>

<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b>	
<b>Area for improvement 6</b>  <b>Ref:</b> Standard 21  <b>Stated:</b> First time  <b>To be completed by:</b> 1 September 2021	The registered person shall ensure that the visiting policy is updated and reflective of current arrangements.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> The visiting policy has been updated and implemented to reflect the Department of Health (DoH) visiting guidance in relation to the COVID-19 pandemic.

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



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