

# Unannounced Care Inspection Report 9 March 2017



## Ard Na Grainde

**Type of Service: Residential Care Home**  
**Address: 15 Moneyrod Road, Randalstown BT41 3JB.**  
**Tel No: 02894473089**  
**Inspector: John McAuley**

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Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Ard Na Grainde took place on 9 March 2017 from 10:10 to 12:15 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

There were examples of good practice found throughout this inspection in relation to training of staff, adult safeguarding and the home's environment.

No requirements or recommendations were made in relation to this domain.

### Is care effective?

There were examples of good practice found throughout this inspection in relation to the maintenance of care records and the communication between residents, staff and other key stakeholders.

No requirements or recommendations were made in relation to this domain.

### Is care compassionate?

There were examples of good practice found throughout this inspection in relation to feedback from residents, staff and general observations of care practices and general ambience of the home.

No requirements or recommendations were made in relation to this domain.

### Is the service well led?

There were examples of good practice found throughout this inspection in relation to governance arrangements, management of complaints and maintenance of good working relationships.

No requirements or recommendations were made in relation to this domain.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Justin McCann, registered manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not from the findings of this inspection.

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 17 May 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Ard Na Grainde/Justin McCann	<b>Registered manager:</b> Justin McCann
<b>Person in charge of the home at the time of inspection:</b> Justin McCann	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> RC-DE, RC-A, RC-I, RC-MP(E)	<b>Number of registered places:</b> 7

## 3.0 Methods/processes

Prior to inspection we analysed the following records:

- The previous inspection report
- Accident and incident notifications

During the inspection the inspector met with six residents, three members of staff and the registered manager.

The following records were examined during the inspection:

- Staff training schedule/records
- Two residents' care files
- Statement of Purpose and Residents' Guide
- Complaints and compliments records
- Audits of risk assessments; care plans; care reviews; accidents and incidents (including falls, outbreaks); complaints; environment; catering
- Infection control register/associated records
- Accident/incident/notifiable events register
- Evaluation report from annual service user quality assurance survey
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Policies and procedures manual

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 6 January 2017

The most recent inspection of the home was an announced premises management inspection. The completed QIP was returned and approved by the estates inspector. This QIP will be validated by the estates inspector at the next premises inspection.

### 4.2 Review of requirements and recommendations from the last care inspection dated 17 May 2016

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 19.2 <b>Stated:</b> First time <b>To be completed by:</b> 18 May 2016	The registered person should that staff are recruited in accordance with Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.  Reference to this is made in relation to the long standing staff member who had only one reference.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The registered manager confirmed this to be in place with the recruitment underway in lieu of the proposed increased variation in registered number of residents.	
<b>Recommendation 2</b> <b>Ref:</b> Standard 20.3 <b>Stated:</b> First time <b>To be completed by:</b> 17 July 2016	The registered person should put in place a matrix of the professional registration status of staff in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This matrix has been established.	

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 16.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 August 2016</p>	<p>The registered person should revise and update the adult safeguarding policy and procedure. This policy and procedure needs to include the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015) and establish of a safeguarding champion in the home.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>This policy and procedure has been revised and updated with a safeguarding champion established.</p>		
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 13.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 May 2016</p>	<p>The registered person should ensure the reception of the television in the communal sitting room is made good.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>The television has been replaced.</p>		
<p><b>Recommendation 5</b></p> <p><b>Ref:</b> Standard 23.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 17 July 2016</p>	<p>The registered person should put in place a matrix of all mandatory training received by staff so that there is better accessibility of such information, in terms of governance.</p>	<b>Met</b>
<p><b>Action taken as confirmed during the inspection:</b></p> <p>This matrix has been established.</p>		

#### 4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff.

Discussion with staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff were regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

Staff 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 manager; records of competency and capability assessments were retained.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.

Enhanced Access NI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion has been established.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. 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. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

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

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Inspection of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed that no restrictive practices were undertaken within the home and on the day of the inspection none were observed.

Staff training records confirmed that all staff had received training in infection prevention and control in line with their roles and responsibilities. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Staff reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

The home was clean and tidy with a good standard of décor and furnishings being maintained. Residents' facilities were comfortable and accessible to avail of.

Inspection of the internal environment identified that the home was kept tidy, safe, suitable for and accessible to residents, staff and visitors. Radiator covers had been installed to prevent

risk of scalding in the event of a fall. This is to be commended. There were no obvious hazards to the health and safety of residents, visitors or staff.

Inspection of staff training records confirmed that staff completed fire safety training and fire safety drills twice annually. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked on a regular and up to date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

**Areas for improvement**

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**4.4 Is care effective?**

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

An inspection of two residents’ care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident.

Care needs assessment and risk assessments were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents’ health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative.

Discussion with staff confirmed that a person centred approach underpinned practice. This was reflective of staff knowledge and understanding of individual resident’s needs.

Records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents’ meetings, staff meetings and staff shift handovers.

Staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders.

An inspection of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

**Areas for improvement**

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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**4.5 Is care compassionate?**

The inspector met with six residents in the home at the time of this inspection. In accordance with their capabilities five residents confirmed that they were happy with their life in the home, their relationship with staff, and the provision of meals. Some of the comments made included statements such as:

- “They are so kind to all of us here.”
- “It couldn’t be any better. I am very happy here and glad I came here.”
- “This is a great home. A home form home.”
- “Everything is wonderful.”

One resident expressed negative views about the home but these views related to his/her assessed needs, as clearly documented in their care records and care review records.

A range of policies and procedures were in place which supported the delivery of compassionate care.

Inspection of residents’ care records confirmed that residents’ spiritual and cultural needs, including preferences for end of life care, were met within the home.

Discussion with residents and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidences by the inspection of care records identifying that issues of assessed need such a pain had a recorded statement of care/treatment given with effect(s) of same.

Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect.

Staff confirmed that residents were listened to, valued and communicated with in an appropriate manner.

Discussion with residents and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them. These included residents’ meetings, care review meetings and day to day contact with management.



Residents are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read.

Discussion with residents and staff confirmed that residents were enabled and supported to engage and participate in meaningful activities. At the time of this inspection residents were relaxing watching, reading or resting. The general atmosphere in the home was akin to a domestic setting. Arrangements were in place for residents to maintain links with their friends, families and wider community.

### Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.6 Is the service well led?

The registered manager confirmed 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 was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Discussion with a staff member confirmed that she was knowledgeable about how to receive and deal with complaints.

Inspection of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. An inspection of accidents/incidents/notifiable 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 reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction surveys.

Inspection of staff training records confirmed that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. This was outlined in the home's Statement of Purpose and Residents Guide.

Discussion with the registered manager/provider identified that he had understanding of his role and responsibilities under the legislation.

Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. Staff confirmed that they could access line management to raise concerns.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

### Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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