



Unannounced Care Inspection Report

11 June 2019



Ard Na Grainde

Type of Service: Residential Care Home
Address: 15 Moneyrod Road, Randalstown, BT41 3JB
Tel No: 028 9447 3089
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 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 under categories of care as detailed in its certificate of registration and listed in 3.0.

3.0 Service details

Organisation/Registered Provider: Ard Na Grainde Responsible Individual(s): Justin McCann	Registered Manager and date registered: Justin McCann 01/04/2005
Person in charge at the time of inspection: Kim McMillan Senior Care Assistant, then joined later by Justine Quigg	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

This unannounced inspection took place on 11 June 2019 from 10.00 to 14.20 hours.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the relaxed sociable atmosphere amongst residents in the home, the interactions between staff and residents, staff knowledge and understanding of individual residents' needs and preferences and the unhurried, organised care practices. Good practices were also found in relation to the governance arrangements and the managerial support and on-call arrangements.

One area requiring improvement was identified in relation to a repair of an identified corridor door.

Residents described living in the home as being a good experience/in positive terms. Some of the comments made included statements such as; "I love it here. There is great company" and "It couldn't be any better. Everything is first class".

Comments received from residents, people who visit them and staff during the inspection, are included in the main body of this report.

The findings of this report will provide the home 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

Details of the Quality Improvement Plan (QIP) were discussed with Justine Quigg, supporting 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 inspection dated 7 June 2018

The most recent inspection of the home was an unannounced care inspection.

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

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including estates and medicines management issues, registration information, and any other written or verbal information received.

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 to these questionnaires were received in time for inclusion to this report.

During the inspection a sample of records was examined which included:

- staff duty rota
- staff training schedule and training records
- staff recruitment and induction records
- three residents' records of care
- complaint records
- compliment records

- a sample of governance audits/records
- fire safety risk assessment
- fire safety records
- accident/incident records
- RQIA registration certificate

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 last care inspection dated 7 June 2018

There were no areas of improvement generated from previous estates inspection on 9 August 2017, or medicines management inspection on 25 May 2016.

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

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

Throughout this inspection feedback from residents confirmed that they felt safe in the home and that staff were responsive to their needs in a kind, caring manner.

Staffing

Staffing levels within the home were reviewed with the senior care assistant. The senior care assistant confirmed that staffing levels were planned and kept under review to ensure that the needs of residents were met. The registered manager of Strawberry Fields, a sister home made herself available during this inspection and also works shifts in Ard Na Grainde, giving good working knowledge of the necessary staffing levels.

An inspection of the duty rota confirmed it accurately reflected staff on duty.

Staffing in the home was reported as being very stable with low turnover of staff. The home does not use agency staff.

Supervision, appraisal and support

Discussion with the senior care assistant gave assurance that staff were effectively supported by the registered manager and the supporting manager of Strawberry Fields residential care home through day to day availability, supervision and annual appraisal.

A system was in place to monitor and review the registration status of care with the Northern Ireland Social Care Council (NISCC). This involved a checking of the registration status of staff on a monthly basis.

Staff recruitment

An inspection of a sample of a recently appointed staff member's recruitment file was undertaken. This was confirmed to be in accordance with regulations.

Staff training

An inspection of staff training records confirmed that staff receive regular mandatory training and additional training pertaining to the needs of residents. Training is provided to staff by means of face to face instruction or by eLearning platforms.

All staff are in receipt of up-to-date training in safeguarding training. Feedback from the senior care assistant confirmed good understanding of how to recognise and respond to potential safeguarding incidents.

The environment

The home was clean and tidy throughout with no mal-odours. The décor was being maintained well. There were nice furnishings throughout which added to the homely ambience. The lounges were comfortable, homely and nicely decorated. Residents' bedrooms were individualised with personal memorabilia and décor. The dining room and kitchen were clean, tidy and well organised. The bathrooms and showers were clean and were suitably facilitated with infection prevention aids. The laundry room was tidy and well organised. The grounds of the home were tidy and well maintained.

A door to the upstairs corridor was not closing properly. This door was linked to the fire alarm panel for closure in the event of a fire. This has been identified as an area of improvement in accordance with regulation to make good.

There were no other obvious risks observed in the environment.

Fire safety

The home's last fire safety risk assessment was dated 11 February 2019. There were seven recommendations made as a result of this assessment. Confirmation was received following this inspection from the registered manager of the actions taken in response to these recommendations.

Inspection of fire safety records confirmed staff had received up-to-date training in fire safety and fire safety drills. Fire safety checks were also maintained on a regular and up-to-date basis.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff support with the close availability and day to day contact of the registered manager and management team and the upkeep of the home's environment.

Areas for improvement

One area of improvement was identified during the inspection in respect of this domain. This was in relation to the repair of an identified door.

	Regulations	Standards
Total numb of areas for improvement	1	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Discussions with staff confirmed that they had good knowledge and understanding of residents' needs and prescribed care interventions. Staff also advised that there was good communication between staff members and management for the benefit of resident care.

There is a handover meeting at the beginning of each shift so that the ongoing needs of residents can be reviewed and duties planned.

Care records

An inspection of a sample of three residents' care records confirmed that there was good multi-disciplinary working with other health care professionals, such as GPs, named workers, dieticians and dentists. Care records were informative, detailed and up-to-date. The records gave good account of residents' well-being and prescribed interventions and effects of same. Residents and/ or their representatives were encouraged to be involved in all stages of this process. For example with the sample care records inspected, all three of these were signed by the resident as a participant in this process.

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.

Effectiveness of care

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example, staff described how their knowledge of residents' needs facilitated residents with their choices and preferences with social activities.

Staff advised that they were able to recognise and respond to pressure area damage observed on resident's skin, such as immediate referral to district nursing services. No residents in the home at the time of this inspection were reported to being in receipt of this area of care.

A system in place to monitor the dates of residents’ most recent care reviews with their aligned named worker. From discussions with several residents about this, they confirmed knowledge of who their named worker was and of these care review meetings. One resident could not identify who their aligned named worker was but was aware of the care review process. The supporting manager agreed to inform this resident of these details.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff knowledge and understanding of residents’ needs and prescribed care interventions.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Throughout this inspection staff interactions were found to be polite, friendly, warm and supportive. There was a nice atmosphere and ambience in place for residents to feel relaxed and comfortable and fulfilled.

Residents’ views

During this inspection residents were keen to express their praise and gratitude for the provision of care, the kindness and support received from staff, the provision of meals and the general atmosphere in the home. Some of the comments made included statements such as;

- “I love it here. There is great company”
- “It couldn’t be any better. Everything is first class”
- “I am doing great here. I feel and look a lot better. The meals are fantastic”
- “It’s very good. I feel safe and well cared for. It’s great having your meals prepared for you”
- “I have been to many hospitals before but I can honestly say the care here is fantastic, both day and night. They are all so attentive and always looking to know what they can do for me”.

Relative’s views

A visiting relative also was keen to praise and express gratitude for the provision of care and kindness and support received from staff. Some of the comments made included the statement;

- “As a family we are delighted with the home. It is very reassuring my is so well cared for. I can’t praise it enough”.

Care practices

The atmosphere in the home was relaxed and homely. There was a nice friendly ambience and residents were engaged in nice sociability with one another. No obvious restrictive type care practices were observed and residents were observed to facilitate use of the home and its grounds.

Staff interactions with residents were observed to be polite, friendly, warm and supportive. Staff were also observed to be attentive to residents' needs to an organised unhurried manner. Residents were dressed in nice attire with attention to personal care. For example, male residents were, as per choice, well shaved and female residents had finery such as broches and personal jewellery. Aids such as glasses and walking aids were clean and suitably maintained.

Staff were observed to knock on residents' bedroom doors seeking permission to enter. Residents were also able to have a key to lock their bedroom door when they were not in it. A lock on a toilet door was in disrepair. The supporting manager agreed get this repaired this immediately.

The dining room was nicely facilitated and there was a nice ambience in place for residents to enjoy their lunchtime meal. Discussions with residents and the cook confirmed that a choice was available and flexibility of times and location of meals was easily facilitated. It was observed that residents could readily avail of tea or coffee at any times they wished and staff readily promoted such choice. Discussions with residents in respect of their provision of meals were all very positive.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to feedback from residents and one visiting relative and general observations of care practices.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Residents and staff reported that management are very approachable and readily available to talk to. Residents also spoke in warm terms about the management of the home.

Management arrangements

The registered manager's daughter, Justine Quigg, who is also the registered manager of its sister home, Strawberry Fields, made her available for discussion and feedback. She also undertakes shifts in the home and had a good working knowledge of the home. Added to this the registered manager has two other daughters who contribute to shifts in the home as well as on-call support. The registered manager also manages the home on a day to day basis. This level of support gives good assurances in terms of governance.

Discussions with staff confirmed that they felt there were good working relationships in the home that staff worked well as a team and the morale was good. Staff also advised that management were supportive to any suggestions raised and were readily available for support and guidance.

Quality assurance

The supporting manager also talked about issues of quality assurance and improvements that were being developed and how this agenda was producing current success in the home in terms of the quality of care and the cohesiveness and competency of staff.

Systems of audit are in place. These included audits pertaining to the cleanliness of the environment, accidents and incidents and care records.

Complaints

The complaints procedure was displayed in the home and this provided advice on how to complain, the timescales of responses and to whom to report to if unhappy with the response. Inspection of the record of complaints found that such expressions were taken seriously and managed appropriately. The records included the detail of the complaint, the outcome of the investigation, the actions taken and confirmation whether the complainant was satisfied with the response, or not.

Accidents and incidents

An inspection of the accident/incident reports from April 2019 was undertaken. This evidenced that these events were appropriately managed and reported to the RQIA and the aligned named worker in the Trust.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

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

	Regulations	Standards
Total number of areas for improvement	0	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 Justine Quigg, supporting 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 27(4)(d)(l)</p> <p>Stated: First time</p> <p>To be completed by: 18 June 2019</p>	<p>The registered person shall repair the identified corridor door to ensure these closes properly.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>This door has been repaired and is now in working order.</p>

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



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