

# Unannounced Care Inspection Report 17 May 2016



## Ard Na Grainde

**Address: 15 Moneyrod Road, Randalstown, BT41 3JB.**

**Tel No: 02894473089**

**Inspector: John McAuley**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Ard Na Grainde took place on 17 May 2016 from 10:15 to 13:30 hours.

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

### Is care safe?

There were three areas of improvement identified within this domain. These were in relation to the revising and updating of the policy and procedure on safeguarding in line with current guidance and ensuring full compliance with staff recruitment in accordance with legislation and putting in place a matrix to confirm all staff were in receipt of up to date professional registration.

### Is care effective?

There were no areas for improvement identified.

### Is care compassionate?

There was one area for improvement identified. This was in respect of making good the reception of the television in the communal sitting room.

### Is the service well led?

There was one area of improvement identified. This was to 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.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and The 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	5

Details of the QIP within this report were discussed with Justin McCann the 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.

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

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b> 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
<b>Weekly tariffs at time of inspection:</b> £494	<b>Number of residents accommodated at the time of inspection:</b> 7

## 3.0 Methods/ processes

Prior to inspection we analysed the following records: the previous inspection report and accident and incident notifications.

During the inspection the inspector met with six residents, one staff member and Mr and Mrs McCann.

The following records were inspected during the inspection:

- Statement of Purpose
- Safeguarding policy and procedure
- Accident and incident notifications
- Induction records
- Staff training records
- Complaints and compliments records
- A sample of three residents' care records
- Quality assurance audits
- Fire safety records.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 22 September 2015

The most recent inspection of the home was an unannounced estates inspection. The completed QIP was returned and approved by the estates inspector.

### 4.2 Review of requirements and recommendations from the last care inspection dated 27 May 2015

There were no requirements or recommendations made as a result of the last care inspection.

### 4.3 Is care safe?

The registered manager confirmed the staffing levels for the home. It was also confirmed that these were subject to regular review to ensure the assessed needs of the residents were met. Observations of care practices during this inspection, found these to be undertaken in an organised, unhurried manner. No concerns were raised regarding staffing levels during discussion with residents and staff.

On the day of inspection the following staff were on duty;

- Mr and Mrs McCann
- 1 x care assistant

Review of a completed induction record and discussion with the registered manager and staff evidenced that an induction programme was in place for staff. These were relevant to their specific roles and responsibilities.

Discussion with a staff member confirmed that mandatory training, supervision and appraisal of staff was regularly provided.

The registered manager 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. A sample of one of these assessments was inspected on this occasion.

The turnover of staff in the home is very low. Staffing is largely made up by the McCann family circle. However recruitment and selection of staff is underway to accommodate the planned increase in occupancy in the home, subject to registration. Three staff members' recruitment records were inspected. These records were found to be maintained in accordance with Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005, other than one long standing staff member who had only one reference. A recommendation was made in respect of this.

The registered manager confirmed that the registration status of staff with the Northern Ireland Social Care Council (NISCC) is checked. There was no formal process of doing this, such as a matrix of staff registration status. A recommendation was made for this to be reviewed accordingly so that a matrix of such is maintained.

Details of Enhanced Access NI disclosures were in place in the recruitment checklists.

The adult safeguarding policy and procedure in place was dated 16 July 2012. This policy and procedure was in need of review. In review of this, it 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. A recommendation has been made in this regard.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, review of care records and review of complaints 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 of these were retained.

A general inspection of the home was undertaken. The home was clean and tidy with a good standard of décor and furnishings.

Inspection of premises confirmed that there were wash hand basins, soap dispensers, alcohol hand rubs and disposable towels wherever care was delivered.

There were observed to be no obvious restrictive care practices in place at the time of this inspection.

Inspection of three residents' care records confirmed that there was a system of referral to the multi-disciplinary team when required. Issues of assessed need had a recorded statement of care / treatment given with effect of same. This included referral to the appropriate healthcare professional.

Inspection of the internal and external environment identified that the home and grounds were kept tidy and safe for residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The registered manager confirmed that the home's fire risk assessment was on 5 October 2015. The five recommendations made from this had recorded evidence that these had been dealt with. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed and records 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 checks were maintained on an up to date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEP) in place.

## Areas for improvement

There were three areas of improvement identified within this domain. These were in relation to the revising and updating of the policy and procedure on safeguarding in line with current guidance and ensuring full compliance with staff recruitment in accordance with legislation and putting in place a matrix to confirm all staff were in receipt of up to date professional registration.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>3</b>
--------------------------------	----------	-----------------------------------	----------

### 4.4 Is care effective?

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

A review of three 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. Discussion with staff confirmed that a person centred approach underpinned practice.

The care records reflected multi-professional input into the service users' health and social care needs. Observations confirmed that records were stored safely and securely in line with data protection.

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

Observations and discussion with residents confirmed that management operated an open door policy in regard to communication within the home.

A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of the care review meetings were available for inspection.

## Areas for improvement

There were no areas for improvement identified.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
--------------------------------	----------	-----------------------------------	----------

### 4.5 Is care compassionate?

Discussions with the registered manager and staff confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

Discussions with residents in accordance with their capabilities were all positive in respect of their life in the home, their relationship with staff and the provision of activities and the provision of meals. Some of the comments made included statements such as:

- “You couldn’t be any better cared for”
- “This is simply a lovely place to live”
- “They are all very good to us here. We all get on well”
- “I am very happy here. No complaints”
- “The home is really good. I can come and go as I please”

Review of care records confirmed that residents’ spiritual and cultural needs were met within the home.

Discussion with residents and observations confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner.

Observations of staff / residents interactions found that residents were treated with dignity and respect. Staff interactions with residents were found to be polite, friendly, warm and supportive.

Observations and discussion with residents and staff confirmed that residents were enabled and supported to engage and participate in meaningful activities. The television in the communal sitting room had a poor reception, for which a recommendation was made to make good.

Arrangements were in place for residents to maintain links with their friends, families and wider community.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with residents confirmed that their 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 their representatives were sought and taken into account in all matters affecting them.

The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home.

### Areas for improvement

There was one area for improvement identified. This was in respect of making good the reception of the television in the communal sitting room.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
--------------------------------	----------	-----------------------------------	----------

### 4.6 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care 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.

Review of the complaints register established that there were clear arrangements for the management of complaints from residents and any other interested parties. The last recorded complaint was in 16 March 2015. Records of complaints included details of the investigation undertaken, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised. Evidence was found that expressions of dissatisfaction were taken seriously and managed appropriately.

Arrangements were in place to share information about complaints and compliments with staff.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. The registered manager reported that staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents. There was no matrix / analysis of staff training provided. This provision would ensure a greater level of governance of this through the accessibility of the information. A recommendation was made for this to be put in place.

There was a clear organisational structure. All staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose. Discussion with the registered manager identified that he had understanding of his role and responsibilities under the legislation.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability.

Inspection of the premises confirmed that the home's certificate of registration was displayed in a conspicuous location.

The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

### Areas for improvement

There was one area of improvement identified. This was to 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.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>1</b>
--------------------------------	----------	-----------------------------------	----------

### 5.0 Quality improvement plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Justin McCann the registered manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

### 5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the establishment. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the establishment.

## Quality Improvement Plan

<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p>Ref: Standard 19.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 18 May 2016</p>	<p>The registered person should that staff are recruited in accordance with Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005.</p> <p>Reference to this is made in relation to the long standing staff member who had only one reference.</p> <p><b>Response by registered person detailing the actions taken:</b> A second reference has been received for this member of staff.</p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 20.3</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 the professional registration status of staff in the home.</p> <p><b>Response by registered person detailing the actions taken:</b> The status of staff professionalism and registration remains ongoing in accordance with our new online training system of 'strategic thinking.'</p>
<p><b>Recommendation 3</b></p> <p>Ref: 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> <p><b>Response by registered person detailing the actions taken:</b> Adult safe-guarding policy and procedure has been revised and updated in accordance with the guidance set out.</p>
<p><b>Recommendation 4</b></p> <p>Ref: 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> <p><b>Response by registered person detailing the actions taken:</b> A new television has been provided in the Residents lounge.</p>
<p><b>Recommendation 5</b></p> <p>Ref: 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> <p><b>Response by registered person detailing the actions taken:</b> A matrix of staff training remains ongoing in accordance with our new online training system of 'strategic thinking.'</p>

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**



The Regulation and  
Quality Improvement  
Authority

The Regulation and Quality Improvement Authority

9th Floor

Riverside Tower

5 Lanyon Place

BELFAST

BT1 3BT

Tel 028 9051 7500

Fax 028 9051 7501

Email [info@rqia.org.uk](mailto:info@rqia.org.uk)

Web [www.rqia.org.uk](http://www.rqia.org.uk)

 @RQIANews