



Secondary Announced Care Inspection

Name of Establishment: Ard Na Grainde

Establishment ID No: 1351

Date of Inspection: 19 June 2014

Inspector's Name: John McAuley

Inspection No: 17453

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

GENERAL INFORMATION

Name of Home:	Ard Na Grainde
Address:	15 Moneyrod Road Randalstown BT41 3JB
Telephone Number:	(028) 9447 3089
E mail Address:	rmccann17@qub.ac.uk
Registered Organisation/ Registered Provider:	Mr Justin McCann
Registered Manager:	Mr Justin McCann
Person in Charge of the home at the time of Inspection:	Mr Justin McCann
Categories of Care:	RC-I
Number of Registered Places:	7
Number of Residents Accommodated on Day of Inspection:	6
Scale of Charges (per week):	Trust Rates
Date and type of previous inspection:	14 January 2014 Primary Announced Inspection
Date and time of inspection:	19 June 2014 10am – 1.20pm
Name of Inspector:	John McAuley

INTRODUCTION

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

PURPOSE OF THE INSPECTION

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

Other published standards which guide best practice may also be referenced during the inspection process.

METHODS/PROCESS

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

INSPECTION FOCUS

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard:

STANDARD 9 - Health and social care: The health and social care needs of residents are fully addressed.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

PROFILE OF SERVICE

Ard Na Grainde is a residential home and accommodates seven residents. It is a family run home with the registered person and family living in the home in private quarters separate from the residents.

It is a detached two storey house, with private mature gardens surrounding it, and is situated several miles outside from the town of Toomebridge.

The residents have a bedroom each, one with an en-suite shower, two with a toilet and sink. There is a communal lounge, kitchen and conservatory for the residents. There is also a ground floor bathroom.

SUMMARY

This inspection to Ard Na Grainde was a secondary unannounced inspection, carried out by an inspector from RQIA on 19 June 2014. This summary reports on the position of the home at the time of this inspection.

In charge of the home at the time of this inspection was the Registered Manager Mr Justin McCann, who was readily available for discussion and clarification, including verbal feedback of inspection findings at its conclusion. The registered manager was assisted by his wife, daughter and one other staff member on duty.

The previous care inspection to the home was an announced inspection on 14 January 2013. No requirements or recommendations were made as a result of that inspection.

During this inspection, the inspector met with residents, staff and two visiting relatives, reviewed documentation, observed care practices and looked at the general environment.

The focus of this inspection was the DHSSPS Residential Care Homes Minimum Standard 9 on Health and Social Care. A review of residents' care records found that the profile details and assessments of holistic needs were not being maintained adequately by the home. A requirement has been made in respect of this issue. Supporting evidence was in place that issues of assessed need have a corresponding statement of care / treatment given, with effect of same. This includes referral(s) to the appropriate health and social care professional(s). Discussions with staff on duty at the time of this inspection revealed they had knowledge and understanding of residents' health and social care needs.

This standard has been overall assessed as substantially compliant.

Additional Matters Examined

Stakeholder consultation

Discussions with residents, staff and two visiting relatives during this inspection were all positive with no concerns expressed or indicated. The details of such are discussed later in this report.

General Environment

The home was found to be clean and tidy with a high standard of décor and furnishings being maintained.

Care Practices

At the time of this inspection residents were found to be comfortable, content and at ease in their environment and interactions with staff.

One requirement has been made as a result of this inspection.

The inspector would like to acknowledge the support and assistance received throughout this inspection from residents, staff and management.

FOLLOW-UP ON PREVIOUS ISSUES

No Requirements/Recommendations from previous inspection

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.1 The home has details of each resident’s General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	COMPLIANCE LEVEL
Inspection Findings:	
A review of three residents’ care records was undertaken . The profile details of the resident’s aligned healthcare professionals had not been updated by the home, other than the existing information obtained from the referring social worker. A requirement has been made for such profile information to be revised in conjunction with the assessment of needs. Evidence was in place to confirm that the resident is assisted to register with a new GP, and other healthcare professional if needed.	Moving towards compliance
Criterion Assessed: 9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	COMPLIANCE LEVEL
Inspection Findings:	
A review of three residents’ care records found that there was no up to date comprehensive holistic assessment completed by the home. The only information in place was the care plan from the referring social worker. The record did not give sufficient detail of the resident’s reason for admission, medical condition(s) and social history. A requirement has been made for the assessment of residents’ needs to be maintained adequately. Discussions with staff revealed that there was good knowledge and understanding of residents’ needs and interventions.	Moving towards compliance

STANDARD 9 - Health and social care

The health and social care needs of residents are fully addressed.

<p>Criterion Assessed: 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>A review of residents' care records found that the progress records of residents' general health and well-being was monitored and recorded appropriately.</p> <p>Evidence was in place to confirm that issues of assessed need had a corresponding statement of care / treatment given and effect of same. This included referral to the aligned health care professional(s).</p>	<p>Compliant</p>
<p>Criterion Assessed: 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings:</p>	
<p>The resident's representative is encouraged as appropriate to be involved in the referrals to health and social care appointments. Contact with the resident's representative is appropriately recorded, including feedback from such appointments.</p> <p>Discussions with two visiting relatives at the time of this inspection, confirmed that they were kept well informed of changes in care and subsequent healthcare appointments / referrals.</p>	<p>Compliant</p>

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.5 There are systems for monitoring the frequency of residents’ health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	COMPLIANCE LEVEL
Inspection Findings:	
The home maintains a matrix of dates of residents’ health care screening and appointments with aligned health care professionals.	Compliant
Criterion Assessed: 9.6 There are systems for maintaining residents’ spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	COMPLIANCE LEVEL
Inspection Findings:	
General observations at the time of this inspection, found that residents’ aids, appliances and personal equipment were maintained appropriately to provide maximum benefit for the resident.	Compliant

ADDITIONAL AREAS EXAMINED

Residents' views

The inspector met six residents at the time of this inspection. In accordance with their capabilities five confirmed / indicated that they were happy with their life in the home, the provision of care, and their relationship with staff. The other resident was not able to communicate on an open basis as he / she was unwell but did not indicate any actual concerns about the home.

Some of the comments made included statements such as:

"It's very good here, no problems "

"I am very happy here, no complaints "

"I love it here"

"Everyone is brilliant"

"It is really a lovely place to live"

One resident described in complimentary detailed terms the sense of atmosphere in the home and how it was enjoyable and fulfilling, and was grateful for staff and management for same.

No concerns were expressed or indicated.

Relatives' views

The inspector met with two visiting relatives. These relatives spoke with positive regard to the provision of care and the kindness and support received from staff and management.

No concerns were expressed

Staff views

The inspector met with one member of staff other than the management of the home. This member spoke positively about his / her roles and duties, provision of training and managerial support. He / she informed the inspector that he / she considered that there was a good standard of care provided for and that they had the necessary resources in place to provide same.

No concerns were expressed.

General environment

The home was clean and tidy. There was a high standard of furnishings and décor being maintained.

Residents' facilities were found to be comfortable and accessible to avail of.

Care practices

Due to the domestic layout of the home it was difficult to discreetly observe care practices. However residents were found to be comfortable, content and at ease in their environment and interactions with staff. A relaxed, friendly atmosphere was in place, with residents' needs being attentively met. An appetising dinner time meal was provided for in a well-appointed dining room for which residents commented on favourably.

Accident / incident reports

A review of these reports from 14 January 2014 was undertaken. Of the two reports recorded these were found to be managed appropriately.

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Mr Justin McCann, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

John McAuley
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



Quality Improvement Plan

Secondary Unannounced Care Inspection

Ard Na Grainde

19 June 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with the (Registered Provider / Manager Mr Justin McCann) either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

Statutory Requirements					
This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005					
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	15 (1) (a) and 15 (2)(a)	<p>The registered person shall not provide accommodation to a resident at the residential care home unless –</p> <p>(1) (a) the needs of the resident have been assessed by a suitably qualified or suitably trained person</p> <p>And the registered person shall ensure that the assessment of the resident’s needs is</p> <p>(2) (a) Kept under review.</p> <p>Reference to this is made in that there must be a comprehensive, detailed, up to date assessment of residents’ needs in place and maintained.</p> <p>This also includes the profile details of the residents’ aligned health care professionals.</p>	One	The registered manager will ensure that an in depth assessment of each resident is retained within the home and is kept under constant review.	19 August 2014

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and returned to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Justin McCann
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Justin McCann

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	John McAuley	18 August 2014
Further information requested from provider			