

Inspection Report

19 October 2023



Ard Na Grainde

Type of service: Residential

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Ard Na Grainde Registered Person/s OR Responsible Individual: Mr Justin McCann	Registered Manager: Miss Rosanna McCann – Not registered
Person in charge at the time of inspection: Miss Rosanna McCann	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.	Number of residents accommodated in the residential care home on the day of this inspection: 19
Brief description of the accommodation/how the service operates: 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 19 October 2023, from 9.50 am to 2.20 pm by a care inspector.

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

Two previously identified areas for improvement were reviewed and assessed as met. One area for improvement relating to recruitment that was identified at the last care inspection was assessed as not met and was stated for a second time. No new areas for improvement were identified.

The home was clean and tidy, and the internal temperature was comfortable for the season.

Residents looked well, in that attention had been paid by staff to residents' personal hygiene and dressing needs. Residents were happy to engage with the inspector and to share their experiences of living in Ard Na Grainde. Residents spoke in positive terms about living in the home and were seen to move around the home with ease and looked comfortable in their interactions with staff.

Staff were seen to be warm and compassionate during interactions with residents, and to be polite and professional towards each other and visitors. Staff were knowledgeable about residents' individual needs, wishes, and routines.

Relatives spoke highly of the care and services delivered in the home, and expressed gratitude and praise towards staff.

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. Addressing the area for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the management team 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 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 the management team at the conclusion of the inspection.

4.0 What people told us about the service

Residents, relatives, and staff were spoken with during the inspection. No questionnaire or survey responses were received within the allocated timeframe.

Residents told us that they were very satisfied with the care and services provided in Ard Na Grainde and spoke highly of the staff. Residents described staff as “excellent”, “very helpful”, and “the best.”

Residents told us that they could go out with family or avail of visits in the home at any time of the day. Residents described feeling relaxed in the home and said that they were happy with the food, environment, and level of cleanliness. One resident described the home as being “like a hotel”, and another said that they were “spoilt rotten.”

Relatives told us that Ard Na Grainde is “a wonderful place” and that they would “fully recommend” the home to others. Relatives said that their loved ones’ settled easily into the home and that all their needs were well taken care of.

Relatives described staff as “wonderful”, “second to none...so caring”, and said that residents and staff were “like family.”

Relatives told us that they were satisfied with the cleanliness of the home and that they knew how to raise concerns if they arose.

Staff told us that they were happy working in the home and that they were supported with training and could approach the management team about anything. Staff described Ard Na Grainde as “the best home I’ve ever worked in”, and said that the care was truly person centred.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

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 5 January 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 13 (7) Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for Improvement 2 Ref: Regulation 21 (1) (b) Stated: First time	The registered person shall ensure that the management of recruitment is robust; that no person will commence work in the home prior to the completion of all required pre-employment checks.	Not met
	Action taken as confirmed during the inspection: Shortfalls were identified with pre-employment checks. This area for improvement was not met and has been stated for a second time. This is detailed further in section 5.2.1.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for Improvement 1 Ref: Standard 20.2 Stated: First time	The registered person shall ensure that there is a robust system in place to monitor staffs' registration with their professional body, and that action is taken when issues are identified.	Met
	Action taken as confirmed during the inspection: There was evidence 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 records were reviewed and a number of shortfalls were identified. For example, one person had been given a start date prior to the manager reviewing the person's Access NI outcome. For one person there was no evidence of references being received, and for another person only one reference was received. This area for improvement had been previously identified and was stated for a second time.

Following the inspection, the manager confirmed in writing with RQIA that the outstanding pre-employment checks had been followed up and were in place.

Records showed that at the commencement of employment all staff were provided with a comprehensive induction to their role. There was a system in place to monitor staffs' registration with the Northern Ireland Social Care Council (NISCC).

There were systems in place to ensure staff were trained and supported to do their job. Staff said that the training was good and records showed that the manager had good oversight of training compliance.

The duty rota accurately reflected the staff working in the home on a daily basis and included the manager's working hours. Staff told us that there was good teamwork and that they enjoyed working in the home and felt supported and listened to. Staff said that they were happy with the staffing arrangements and that there was good communication between staff and management.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example, residents were seen to move freely around the home from communal areas to and from their own bedrooms.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Residents told us that staff were available to them when they needed and described staff as "great", "very caring", "excellent", and "the best."

Relatives told us how they felt "assured" with the staffing arrangements and that staff always kept them up to date with any changes in the needs or condition of their loved ones. Relatives said that staff knew their loved ones very well and one relative said that staff and residents were like family. One relative described staff as "second to none."

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. Staff members were knowledgeable about 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 and discussing residents' care in a confidential manner.

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. Care records were person centred and gave a complete picture of each residents' needs and what was important to the resident.

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

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. There was evidence that residents' needs in relation to nutrition and the dining experience were being met. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain, and there was appropriate onward referral if required to the residents' GP or Trust Dietitian.

Where a resident was at risk of falling, measures to reduce this risk were put in place. For example, walking aids were used as recommended by Trust physiotherapist or occupational therapist (OT). Resident areas were maintained clutter free.

Examination of records confirmed that the risk of falling and falls were well managed.

Residents told us that they were very happy with the provision of care in the home, and relatives said that they were more that satisfied with the care, with one relative saying "I could live here myself... (my loved one) is so happy."

Staff spoke about delivering person centred care and described the home as "the best care home."

5.2.3 Management of the Environment and Infection Prevention and Control

Examination of the home's environment included reviewing a sample of bedrooms, storage spaces, and communal areas such as lounges, dining rooms, and bathrooms.

The home was warm, clean, fresh smelling, and comfortable. Homely touches such as ornaments, soft furnishings, pictures, and reading materials, were seen throughout the home.

Residents' bedrooms were tidy and personalised with items of interest or importance to each resident. Bedrooms and communal rooms were well decorated and suitably furnished.

Communal bathrooms were clean and accessible. New storage units in the bathrooms were found to be tidy and clean.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. The most recent fire risk assessment was undertaken on 14 April 2023, and any recommendations made by the assessor had been actioned. Corridors and fire exits were maintained free from obstruction and fire extinguishers were wall mounted and accessible. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that systems and processes were in place to manage the risk of infection. Environmental and infection prevention and control (IPC) practice audits had been conducted on a monthly basis. Review of records confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided. One staff member was seen to wear nail varnish which is not conducive to effective hand hygiene. This was brought to the attention of the manager to address. All other staff were seen to be bare below the elbow.

Residents and relatives said they were happy with the level of cleanliness in the home.

5.2.4 Quality of Life for Residents

Residents could choose how they spent their day and staff supported residents with their choices. Residents looked comfortable moving around the communal areas of the home and some residents were seen to enjoy the company of fellow residents while other residents preferred to spend time in the privacy of their bedrooms.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time. Staff demonstrated knowledge about residents' interests and would encourage residents to keep up with their interests. For example, staff would ensure that residents knew when their favourite television show or sporting event was on and would assist them to have the correct station or streaming service on.

Residents were encouraged to participate in regular resident meetings which provided an opportunity for residents to comment on aspects of the running of the home. For example, planning activities and menu choices. Resident meeting records showed that residents had an opportunity to review the meeting agenda a few days prior so that they could request items to be added if they wished. This is good practice.

Meeting records did not conclude with an action plan to capture any resulting actions. This was brought to the attention of the manager who gave assurances that all meeting records would include an action plan. This will be reviewed at a future inspection.

Review of records and discussions with staff and residents evidenced that a variety of activities were available. For example, quizzes, karaoke or choir sessions, and events such as birthdays or special calendar dates.

Residents could avail of day trips organised by staff or go out with family. Some residents took part in local community events such as men's shed or a weekly parish centre day.

Visiting arrangements were in place and relatives confirmed that they could come to the home at any time throughout the day. Relatives told us that they observed their loved ones enjoying the activities on offer and life in the home. One relative said that their loved one often seeks to get back to Ard Na Grainde if they have spent the day out with family.

5.2.5 Management and Governance Arrangements

There had been a change in the management arrangements of the home since the last inspection. Miss Rosanna McCann was appointed manager on 1 May 2023. An application to become registered with RQIA had not yet been received, although the responsible individual (RI) advised RQIA that the plan would be for Miss McCann to become registered manager.

Staff spoke positively about the management arrangements and said that both the manager and RI were approachable and "a good family."

Discussion with staff evidenced that they were aware of their roles and responsibilities in relation to reporting issues or concerns they may have about the care of residents, care practices, or the environment.

There was evidence that a 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.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was a system in place to manage complaints and records were maintained. Complaints were seen as an opportunity for the team to learn and improve the service.

Residents and their relatives said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

The home was visited regularly by the registered provider 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; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

An area for improvement has been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005.

	Regulations	Standards
Total number of Areas for Improvement	1*	0

* The total number of areas for improvement includes one that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss Rosanna McCann, Manager, and Mr Justin McCann, RI, 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	
Area for improvement 1 Ref: Regulation 21 (1) (b) Stated: Second time To be completed by: Immediate action required	<p>The registered person shall ensure that the management of recruitment is robust; that no person will commence work in the home prior to the completion of all required pre-employment checks.</p> <p>Ref: 5.1 and 5.2.1</p> <p>Response by registered person detailing the actions taken: Manager has implemented a robust system that ensures pre-employment checks are completed prior to any staff members commencing work on the premises.</p>

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