

Unannounced Care Inspection Report 23 January 2018



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.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 19 beds providing categories of care as detailed in its certificate of registration.

3.0 Service details

Organisation/Registered Provider: Ard Na Grainde Responsible Individual: Justin McCann	Registered Manager: Justin McCann
Person in charge at the time of inspection: Justin McCann	Date manager registered: 1 April 2005
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia – 8 named individuals (mild to moderate dementia) MP - Mental disorder excluding learning disability or dementia MP (E) - Mental disorder excluding learning disability or dementia – over 65 years A - Past or present alcohol dependence D - Past or present drug dependence	Number of registered places: 19

4.0 Inspection summary

An unannounced care inspection took place on 23 January 2018 from 10:15 to 14:00 hours.

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

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to in relation to adult safeguarding, communication between residents, staff and other key stakeholders, governance arrangements and maintenance of good working relationships.

Six areas requiring improvement were identified. These were in relation to reviewing the night time staffing arrangements, induction, staff recruitment, resident safety with associated increased needs and fire safety.

Feedback from residents in accordance with their capabilities was all positive in regard to their life in the home, their relationship with staff and the provision of meals. One resident made an expression of complaint in relation to her bedroom being cold which was referred to the registered manager to resolve.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	5	1

Details of the Quality Improvement Plan (QIP) were discussed with Justin McCann, 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.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 3 July 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report and returned QIP, accident and incident notifications and any verbal and written communication received from the home.

During the inspection the inspector met with 14 residents, three staff and the registered manager.

The following records were examined during the inspection:

- Induction programme for new staff
- Staff training schedule/records
- Three residents' care files
- Complaints and compliments records
- Infection control register/associated records
- Accident/incident/notifiable events register
- Monthly monitoring report
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Individual written agreement
- Programme of activities
- Policies and procedures manual

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met and partially met.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 9 August 2017

The most recent inspection of the home was an unannounced premises follow up inspection.

This QIP will be validated by the estates inspector at the next premises inspection.

6.2 Review of areas for improvement from the last care inspection dated 3 July 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (c) Stated: First time	The registered person shall put in place a detailed risk assessment and subsequent care plan pertaining to any individual resident who smokes. The assessment needs to take account of contributing factors pertaining to risk such as medical condition(s) and subsequent prescribed interventions, as well as current safety guidance.	Met
	Action taken as confirmed during the inspection: A risk assessment with subsequent care plan(s) were put in place. There are currently no residents in the home who smoke.	
Area for improvement 2 Ref: Regulation 27 (2) (t) Stated: First time	The registered person shall individually risk assess all wardrobes particularly the free standing wardrobes in two identified bedrooms which posed a risk if a resident were to pull on same in the event of a fall.	Met
	Action taken as confirmed during the inspection: This risk assessment has been put in place with subsequent appropriate actions.	

<p>Area for improvement 3</p> <p>Ref: Regulation 27 (4) (d) (i)</p> <p>Stated: First time</p>	<p>The registered person shall ensure that fire safety doors are operational at all times. Reference to this is made with the two fire safety doors in the ground floor corridor which were wedged open with another fire safety door on the first floor corridor not closing properly.</p> <p>Ref:6.4</p>	<p>Partially met</p>	
<p>Action taken as confirmed during the inspection:</p> <p>There were no fire doors wedged open. However there were fire doors in the ground floor and first floor corridors that were not closing properly.</p>	<p>Met</p>		
<p>Area for improvement 4</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p>		<p>The registered person shall ensure that issues pertaining to assessed need in relation to skin care and mental health are adequately detailed and care planned, in the identified resident's care records. This needs to be done in consultation with the resident and/or their representative.</p>	<p>Met</p>
<p>Action taken as confirmed during the inspection:</p> <p>This care plan had been actioned.</p>	<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>	<p>Validation of compliance</p>	
<p>Area for improvement 1</p> <p>Ref: Standard N56</p> <p>Stated: First time</p>	<p>The registered person shall cease inappropriate storage of a bed, mattress and soft chair in a bathroom / toilet which poses risk of cross infection.</p>	<p>Met</p>	
<p>Action taken as confirmed during the inspection:</p> <p>Inappropriate storage has been addressed..</p>	<p>Area for improvement 2</p> <p>Ref: Standard 28.5</p> <p>Stated: First time</p>		<p>The registered person shall make good the identified risks with inappropriate storage of chemicals in the laundry room and the window of the laundry room having no restrictive closing exposing a fall risk.</p>
<p>Action taken as confirmed during the inspection:</p> <p>The laundry room is now kept locked at all times when unattended.</p>			

Area for improvement 3 Ref: Standard 11.5 Stated: First time	The registered person shall arrange for a care review with the identified resident and their aligned named worker.	Met
	Action taken as confirmed during the inspection: This care review was put in place.	
Area for improvement 4 Ref: Standard 22.6 Stated: First time To be completed by: 4 July 2017	The registered person shall ensure that all care records are appropriately stored with security in line with data protection, at all times.	Met
	Action taken as confirmed during the inspection: Care records were appropriately stored with security in line with data protection.	

6.3 Inspection findings

6.4 Is care safe?

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

The registered manager confirmed the staffing levels for the home and that these were subject to review to ensure the assessed needs of residents were met. No concerns were raised regarding staffing levels during discussions with residents and staff. This is a family run business and is largely staffed by the registered manager and members of his family. An area of improvement was identified for the night duty staffing levels. Night duty is largely covered by the registered manager who undertakes sleep in duties. The sustainability of this arrangement was discussed with the registered manager. This arrangement should be reviewed and take account the numbers and dependencies of residents, size and layout of the home and fire safety requirements and, in particular, the increased needs of one identified resident.

Discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities. However inspection of one staff member's personnel file found that the record of induction was not in place. This has been identified as an area of improvement.

Discussion with staff confirmed that mandatory training and supervision of staff was regularly provided.

The registered manager and 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.

The home's recruitment and selection policy and procedure complied with current legislation and best practice. Discussion with the registered manager confirmed that staff would be recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. An inspection of one recently recruited staff's personnel file found that the recruitment was complete apart from two written references linked to the requirements of the job. This is identified as an area of improvement in accordance with legislation.

Enhanced AccessNI 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. Discussions with staff confirmed that they were aware of their responsibilities of registration with a professional body.

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

Discussion with staff confirmed that they were aware of the 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.

Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. However during this inspection one resident was observed to have difficulty in safely using the stairs. This was due to an increase in the resident's needs. An area of improvement was identified to put in place arrangements in consultation with this resident's aligned named worker actions to assess and minimise this risk.

Inspection of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed that restrictive practices employed within the home, notably key pad entry systems were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required. This was also documented in the Statement of Purpose and Residents' Guide.

The registered manager confirmed there were risk management policy and procedures in place.

The home's infection prevention and control (IPC) policy and procedure were in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were

knowledgeable and had understanding of IPC policies and procedures. 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.

The registered manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with 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' bedrooms were comfortable and personalised with photographs, memorabilia and personal items.

Inspection of the internal environment identified that no obvious hazards to the health and safety of residents, visitors or staff were observed.

The home's fire risk assessment was dated 6 November 2017. Eight recommendations were made as a result of this assessment. There was no corresponding evidence recorded of the actions taken in response to these recommendations. An improvement in accordance with legislation was made for the home's action plan to meet the recommendations with timescales to be submitted to the home's aligned estates inspector.

A fire door in the ground floor and also in the upstairs corridor was not closing properly. This issue of improvement is detailed for a second occasion to be addressed.

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 of good practice

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

Areas for improvement

Six areas for improvement were identified in respect of this domain during this inspection. These were in relation to reviewing the night time staffing arrangements, induction, staff recruitment, resident safety with associated increased needs and fire safety.

	Regulations	Standards
Total number of areas for improvement	5	1

6.5 Is care effective?

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

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 three residents' care records was undertaken. 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 such as nutrition, manual handling and falls were reviewed and updated on a regular basis or as changes occurred.

Care records inspected also reflected the multi-professional input into the residents' health and social care needs and were found largely 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 evident from staff knowledge and understanding of individual residents' needs and care.

An individual agreement setting out the terms of residency was in place and appropriately signed.

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 other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff shift handovers and day to day contact with management.

Residents and 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.

Areas of good practice

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

Areas for improvement

There were no areas for improvement identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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.

The inspector met 14 residents at the time of this inspection. In accordance with their capabilities, all 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;

- “This is a lovely home”
- “All is very good here”
- “I am happy here. Everyone is kind and caring”
- “No complaints or no worries”

One resident voiced complaint that her bedroom was cold. This was passed onto the registered manager who agreed to resolve this.

Staff confirmed that the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

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

Discussion with staff 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 evidenced by inspection of care records in that there were care plans for management of pain, trigger factors, and prescribed interventions. Issues of assessed need such as pain had a recorded statement of care / treatment given and effect(s) of same.

The registered manager confirmed that consent was sought in relation to care and treatment.

Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Residents appeared relaxed and at ease in their environment and interactions with staff.

An appetising nicely presented dinner time meal was provided for in comfortable dining areas of choice.

Observation of care practices 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 care review meetings and day to day contact with management.

Residents and their representatives 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. An action plan was developed and implemented to address any issues identified.

Discussion with staff, observation of practice and inspection of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. At the time of this inspection residents were relaxing, enjoying the company or watching television. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Areas of good practice

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

Areas for improvement

No areas for improvement were identified in respect of this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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

The registered manager outlined 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. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents’ Guide and displayed information. Discussion with the registered manager confirmed that he 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 was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. 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.

Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. Staff informed the inspector that they felt a good standard of care was provided for and that there was a nice atmosphere in the home. The registered manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

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

Areas of good practice

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

Areas for improvement

No areas for improvement were identified in respect of this domain during the 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 Justin McCann, registered 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) (i)</p> <p>Stated: Second time</p> <p>To be completed by: 24 February 2018</p>	<p>The registered person shall ensure that fire safety doors are operational at all times. Reference to this is made in relation to the fire safety doors on the ground floor corridor and the first floor which are not closing properly.</p> <p>Ref:6.4</p> <p>Response by registered person detailing the actions taken: All fire safety doors have been checked by the homes joiner and electrical contractor and are now in satisfactory working order. On weekly fire alarm testing all fire safety doors in the home are operational.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 21 Schedule 2 (3)</p> <p>Stated: First time</p> <p>To be completed by: 24 February 2018</p>	<p>The registered person shall obtain for any person recruited to the home two written reference linked to the requirements of the job. One of which must be the applicant's present or most recent employer.</p> <p>Ref:6.4</p> <p>Response by registered person detailing the actions taken: Any outstanding written references for staff employed in the home are currently being processed and will be placed in the staff members employment file.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 13 (1) (b)</p> <p>Stated: First time</p> <p>To be completed by: 24 January 2018</p>	<p>The registered person shall put in place arrangements in consultation with the identified resident's aligned named worker actions to reduce the risk of falls associated with increase in needs.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Following review by the identified residents named worker this resident was discharged from the home to a unit more suitable for their needs. Discharged from the home on 25th January 2018.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 27 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: 24 February 2018</p>	<p>The registered person shall submit to the home's aligned estates inspector an action plan with timescales detailing how the eight recommendations of the fire safety risk assessment dated 6 November 2017 will be dealt with.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The fire risk assessment and the eight recommendations have all been attended to. Same will be submitted to the homes estates inspector.</p>
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<p>Area for improvement 5</p> <p>Ref: Regulation 19 (2) Schedule 4 (21)</p> <p>Stated: First time</p> <p>To be completed by: 24 February 2018</p>	<p>The registered person shall ensure a written record of induction is in place for all newly appointed staff.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Any outstanding written induction records for staff employed in the home are currently being processed and will be placed in the staff members employment file.</p>
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 25.1</p> <p>Stated: First time</p> <p>To be completed by: 24 February 2018</p>	<p>The registered person shall review the night duty staffing levels in lieu of the registered manager largely covering the sleep in duties and the sustainability of this arrangement. This review needs to take account the numbers and dependencies of residents, size and layout of the home and fire safety requirements and in particular the increased needs of an identified resident.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The home is currently in the process of recruiting additional staff to ensure the sustainability of night duty arrangements, taking into account the numbers and dependencies of residents, size and layout of the home and fire safety requirements. This is an ongoing process under constant review.</p>

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



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