



The Regulation and  
Quality Improvement  
Authority

Ard Na Grainde  
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**Unannounced Care Inspection  
of  
Ard Na Grainde**

**27 May 2015**

The Regulation and Quality Improvement Authority  
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Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An unannounced inspection took place on 27 May 2015 from 11am to 1:30pm. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. No areas for improvement were identified during this inspection.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSPSS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 1.1 Actions/ Enforcement Taken Following the Last Inspection

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

### 1.2 Actions/ Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection can be found in the main body of the report.

## 2. 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> April 2005
<b>Categories of Care:</b> RC-DE, RC-A, RC-I, RC-MP(E)	<b>Number of Registered Places:</b> 7
<b>Number of Residents Accommodated on Day of Inspection:</b> 7	<b>Weekly Tariff at Time of Inspection:</b> £470

### 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

**Standard 14: The death of a resident is respectfully handled as they would wish.**

**Theme: Residents receive individual continence management and support.**

### 4. Methods/ Process

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

- Prior to inspection we analysed the following records; notification reports and previous inspection report.
- During the inspection we met with six residents, four staff and one visiting healthcare professional.
- We inspected the following records; residents' care records, accident/ incident reports, and policies and procedures and aligned guidance available to the standards inspected.

### 5. The Inspection

#### 5.1 Review of Requirements and Recommendations from previous inspection

The previous inspection of the Ard Na Grainde was an announced estates inspection on 21 April 2015. The completed QIP is within the timescale of return by the provider and therefore will be reviewed by the aligned estates inspector.

## 5.2 Review of Requirements and Recommendations from the last Care Inspection

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  <b>Ref: 15 (1) (a) and 15 (2)(a)</b>	<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. This also includes the profile details of the residents’ aligned health care professionals</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b></p> <p>A review of a sample of three residents’ care records confirmed that assessments were maintained on an up to date basis. These included profile details of aligned health care professionals.</p>	

## 5.3 Standard 14: The death of a resident is respectfully handled as they would wish

### Is Care Safe? (Quality of Life)

Residents can and do spend their final days of life in the home. This is unless there is a documented health care need that prevents this.

In our discussions with staff in respect of this area of care, they advised that they considered care as compassionate. The registered manager provided us an example of how with the resident’s wish, other residents and staff who wished to comfort a resident who was dying were enabled to. Other residents and staff have the opportunity to pay their respect and are provided with support if needed.

A resident also explained to us that other residents are informed in a sensitive manner of the death of a resident.

We noted that within the home’s policy, when a death of a resident occurs, their belongings are handled with care and respect. The room is permitted to be vacant.

The resident's next of kin or family take the lead in dealing with the deceased resident's belongings at a sensitive and convenient time after the burial.

We reviewed a sample of compliment letters and cards. Some were received from families of deceased residents. In these correspondences there were nice messages of praise and gratitude received during this period of care.

The spiritual needs of the resident were assessed. In our discussions with staff we confirmed they had knowledge and understanding of residents' spiritual requests and choices at this time of care.

### **Is Care Effective? (Quality of Management)**

Residents can spend their final days in the home unless there are documented health care needs to prevent this.

A care plan is put in place for each resident who is receiving palliative care by district nursing services.

We reviewed residents, care records and could confirm that a care plan was in place pertaining to this need. Details included arrangements with spiritual care, if so wished.

### **Is Care Compassionate? (Quality of Care)**

The home has policies and procedures pertaining to terminal and palliative care and death of a resident. These policies and procedures guide and inform staff on this area of care. There is associated guidance available for staff.

Staff have received training in this area of care during their induction.

In our discussions with staff they demonstrated that they had knowledge and understanding of how to care for this area of need. Staff also advised us that there is a supported ethos with the management in the home.

### **Areas for Improvement**

There were no areas of improvement identified with this standard inspected. The overall assessment of this standard considered this standard to be compassionate, safe and effective.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.4 Theme: Residents receive individual continence management and support**

### **Is Care Safe? (Quality of Life)**

Staff have received training in continence management. In our discussions with staff they also demonstrated knowledge and understanding of this area of care.

We reviewed residents' care records and found an individualised assessment and plan of care was in place. Issues of assessed need are referred to district nursing services.

The district nurse in consultation with the resident and the home prescribes a plan of care. This plan of care includes provision of incontinence aids.

From our observations we found there to be adequate supplies of aprons, gloves and hand washing dispensers.

In our discussions with staff, general observations together with a review of care records we identified no mismanagement of this area of care, such as malodours or breakdown of skin integrity.

### **Is Care Effective? (Quality of Management)**

The home has policies and procedures pertaining to the management of continence. There are also associated guidance and information available to staff.

Staff have received training in continence management.

Identified issues of assessed need are reported to district nursing services, for advice and direction.

### **Is Care Compassionate? (Quality of Care)**

From our discreet observations of care practices we found that residents were treated with care, dignity and respected when being assisted by staff. Continence care was undertaken in a discreet private manner.

### **Areas for Improvement**

There were no areas of improvement identified with this standard inspected. The overall assessment of this standard considered this standard to be compassionate, safe and effective.

<b>Number of Requirements:</b>	<b>0</b>	<b>Number of Recommendations:</b>	<b>0</b>
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## **5.5 Additional Areas Examined**

We met with six residents in the home. In accordance with their capabilities, they expressed or indicated 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;

“I couldn’t do nothing more than praise them”

“They couldn’t do enough for you”

“I love it here. They are all very friendly”

“It’s a very peaceful place to live“

“The meals are simply wonderful”.

### **5.5.2 Relatives’ Views**

There were no visiting relatives at the time of this inspection.

### **5.5.3 Staff Views**

From our discussions with staff on duty, who were family members of the home, we could confirm their knowledge and understanding of residents' needs and subsequent plan of care.

Three staff questionnaires were distributed for return.

### **5.5.4 Professionals' Views**

We met one visiting health care professional. From our discussions the feedback was all complimentary and positive, about this person's contact with the home.

### **5.5.5 General Environment**

We found the home to be clean and tidy, with good housekeeping arrangements in place. The general décor and furnishings were of a high standard.

Residents' bedrooms were comfortable with many facilitated with personal artefacts and memorabilia.

There was no obvious impact to residents in the building work occurring to a side of the home. This building work was to increase the occupancy of the home.

### **5.5.6 Accident/ Incident Reports**

We reviewed these reports from the previous inspection. These were found to be appropriately managed and reported.

### **5.5.7 Care Practices**

Throughout our discreet observations of care practices we noted residents being treated with dignity and respect. Care duties were organised.

Staff interactions with residents were found to be polite, friendly, warm and supportive.

A nice homely atmosphere was in place, with residents being comfortable, content and at ease in their environment and interactions with staff.

### **5.5.8 Fire Safety**

Fire safety training including fire safety drills were maintained on an up to date basis.

We observed no obvious risks within the environment in terms of fire safety, such as wedging opening of doors.

### **Areas for Improvement**

There were no areas of improvement identified with these additional areas inspected. The overall assessment of this standard considered this standard to be compassionate, safe and effective.

**No requirements or recommendations resulted from this inspection.**

**I agree with the content of the report.**

<b>Registered Manager</b>	Mr Justin McCann	<b>Date Completed</b>	23/06/2015
<b>Registered Person</b>	Mrs Roisin McCann	<b>Date Approved</b>	23/07/2015
<b>RQIA Inspector Assessing Response</b>	John McAuley	<b>Date Approved</b>	24/06/2015

Please provide any additional comments or observations you may wish to make below:

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

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 home. 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.