

Unannounced Care Inspection Report 3 July 2017



Ard Na Grainde

Type of Service: Residential Care Home
Address: 15 Moneyrod Road, Randalstown, BT41 3JB
Tel No: 028 9447 3089
Inspector: John McAuley

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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(s): Justin McCann	Registered Manager: Justin McCann
Person in charge at the time of inspection: Justin McCann	Date manager registered: Justin McCann – 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 3 July 2017 from 10:00 to 13:15 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 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.

Areas for improvement were identified during this inspection. These were in relation to risk assessments and care plans for residents who smoke, fire safety, safety of laundry room, risk assessments for free standing wardrobes and inappropriate storage in term of infection control risk. There were also areas for improvement identified in relation to assessment and care planning for an identified resident, a need for a care review for an identified resident and the storage of care records.

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. Some of the comments made included statements such as:

- “I’m very happy here. The staff are lovely”
- “This is a great place. Everyone is helpful and kind and the meals are lovely”
- “There are absolutely no problems here”

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	4	4

Details of the Quality Improvement Plan (QIP) 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.

4.2 Action/enforcement taken following the most recent care inspection

No further actions were required to be taken following the most recent inspection on 9 March 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 and accident and incident notifications.

During the inspection the inspector met with 10 residents, three staff and the registered manager.

A total of 15 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. No questionnaires were returned in time for inclusion to this report.

The following records were examined during the inspection:

- Induction programme for new staff
- Staff training schedule/records
- Three residents’ care files
- The home’s Statement of Purpose and Residents’ Guide
- 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.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 16 March 2017

The most recent inspection of the home was an announced premises inspection.

The completed QIP was returned and approved by the estates inspector.

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 9 March 2017

There were no areas for improvements made as a result of the last care inspection.

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. The sustainability of this arrangement was discussed with the registered manager and advice given to review this situation. This review needs to take account the numbers and dependencies of residents, size and layout of the home and fire safety requirements.

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.

Discussion with staff confirmed that mandatory training, supervision and appraisal 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. No new members of staff have been reported to be recruited to the home since the previous inspection. There are plans in place to recruit. As a result staff personnel files were not inspected on this occasion.

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.

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. 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. An area of improvement was identified with risk assessment and subsequent care plan(s) for residents who smoke. The existing records lacked detail of assessment and subsequent actions. Advice was given with this matter. A detailed risk assessment and subsequent care plan pertaining to any individual resident who smokes should be put in place. 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.

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. An area of improvement was identified with the inappropriate storage of a bed, mattress and soft chair in a bathroom / toilet which posed risk of cross infection.

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 areas of improvement with the inappropriate storage of chemicals in the laundry room and the window of the laundry room having no restrictive closing exposing a fall risk. There was also an area of improvement identified with free standing wardrobes in two bedrooms which posed a risk if a resident were to pull on same in the event of a fall. There were no other obvious hazards to the health and safety of residents, visitors or staff observed.

The home had an up to date fire risk assessment in place and all recommendations were noted to be appropriately addressed.

Two fire safety doors in the ground floor corridor were wedged open with another fire safety door on the first floor corridor not closing properly. This issue of improvement is detailed 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 staff recruitment and adult safeguarding.

Areas for improvement

Six areas for improvement were identified in respect of this domain during this inspection. These were in relation to risk assessments and care plans for residents who smoke, fire safety, safety of laundry room, risk assessments for free standing wardrobes and inappropriate storage in term of infection control risk.

	Regulations	Standards
Total number of areas for improvement	3	2

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. Two of 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. One resident's care records identified issues of improvement in accordance with legislation. Issues pertaining to assessed need in relation to skin care and mental health were not adequately detailed and care planned.

Two of the three care records inspected also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. One record where improvement was noted identified a need for a care review with the resident and their aligned named worker.

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 resident's needs and care.

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

An area of improvement was identified with the community care records of one former resident that were inappropriately stored with no security 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 meetings and staff shift handovers.

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

Three areas for improvement were identified in respect of this domain during the inspection. These were in relation to assessment and care planning for an identified resident, a need for a care review for an identified resident and the storage of care records.

	Regulations	Standards
Total number of areas for improvement	1	2

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 10 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;

- “I’m very happy here. The staff are lovely”
- “This is a great place. Everyone is helpful and kind and the meals are lovely”
- “There are absolutely no problems here”

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.

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 or enjoying the company. 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 and employers' liability insurance certificate were 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. 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 to Care.Team@rqia.org.uk for assessment by the inspector.

RQIA will phase out the issue of draft reports via paperlite in the near future. Registered providers should ensure that their services are opted in for the receipt of reports via Web Portal. If you require further information, please visit www.rqia.org.uk/webportal or contact the web portal team in RQIA on 028 9051 7500.

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 14 (2) (c)</p> <p>Stated: First time</p> <p>To be completed by: 3 August 2017</p>	<p>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.</p> <p>Ref:6.4</p>
	<p>Response by registered person detailing the actions taken: Management have reviewed the Homes current smoking policy and implemented a new risk assessment process pertaining to all current and future Residents. Please refer to attached template for your perusal.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (2) (t)</p> <p>Stated: First time</p> <p>To be completed by: 3 August 2017</p>	<p>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.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: All wardrobes have been securely fastened to the wall.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (4) (d) (i)</p> <p>Stated: First time</p> <p>To be completed by: 4 July 2017</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>Response by registered person detailing the actions taken: All fire safety doors close securely. Management have advised all staff members against the wedging of doors. Estates Inspector Raymond Sayers confirmed same during his inspection on 9th August 2017.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 16 (1)</p> <p>Stated: First time</p> <p>To be completed by: 10 July 2017</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>Ref: 6.5</p>
	<p>Response by registered person detailing the actions taken: All care records are now maintained and residents and their</p>

	representatives are involved throughout the process.
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Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
<p>Area for improvement 1</p> <p>Ref: Standard N56</p> <p>Stated: First time</p> <p>To be completed by: 4 July 2017</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>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: The bed has now been re-instated in its original room and the hospital bed has been removed by members of the Trust. All surplus chairs are now adequately stored in their appropriate places. Estates Inspector Raymond Sayers confirmed same during his inspection on 9th August 2017.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 28.5</p> <p>Stated: First time</p> <p>To be completed by: 4 July 2017</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>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: It is now the homes policy that the Laundry shall remain locked at all times and will only be accessed by one key carried on a senior member of staffs person at all times. Estates Inspector Raymond Sayers confirmed same during his inspection on 9th August 2017. Window resirictors have now been positioned on open aperture of window.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 11.5</p> <p>Stated: First time</p> <p>To be completed by: 3 August 2017</p>	<p>The registered person shall arrange for a care review with the identified resident and their aligned named worker.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Management contacted residents Social Worker following the inspection. Social Worker advised Management that Client and her Son had sought an alternative placement closer to his home in Omagh. Resident moved to Assisted living accomdation in Omagh on the 29th July 2017.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 22.6</p> <p>Stated: First time</p> <p>To be completed by: 4 July 2017</p>	<p>The registered person shall ensure that all care records are appropriately stored with security in line with data protection, at all times.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: All care records are now stored securely in the Managers Office which is accessible only to staff members and Managerment. The Office door</p>

	remains locked when not in use.
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