

Inspection Report

Name of Service:	Ard Na Grainde
Provider:	Ard Na Grainde
Date of Inspection:	7 November 2024

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Ard Na Grainde
Responsible Person:	Mr Justin McCann
Registered Manager:	Miss Rosanna McCann – Not registered
Service Profile –	
<p>This home is a registered residential care home which provides health and social care for up to 19 residents. Residents have a range of needs and the home provides care for residents living with a mental health disorder excluding learning disability, residents with past or present alcohol dependence, residents living with dementia and general residential care.</p> <p>The home is divided over two floors and residents have access to communal lounges, a conservatory, a dining area and gardens.</p>	

2.0 Inspection summary

An unannounced inspection took place on 7 November 2024, from 9.00 am to 3.50 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA during the last care inspection on 19 October 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection all of the previous areas for improvement were assessed as having been addressed by the provider. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents described staff as "great" and "A1" Residents spoken with said that they were happy living in Ard Na Grainde. Comments included, "the girls are great, I could not ask for any better," and "it is lovely here, it is very homely."

One resident told us "the food is lovely, there is always something different,"

Residents told us that their relatives could visit whenever they wished and were always made feel welcome when they visited the home.

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could choose where they wished to have their meal and what daily activity they wished to attend.

Residents also told us that they were encouraged to participate in regular resident meetings which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices. A review of records confirmed that resident meetings were taking place.

Residents relatives said, "this is a great home, we are very happy with the care provided."

Staff said that they enjoyed working in Ard Na Grainde, staff said; “I love it here,” and “this is a very person centred home.”

No additional feedback was received from residents, relatives or staff following the inspection.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

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, staff were observed supporting residents with hair care and chatting to residents in the lounge and dining areas. Staff responded to requests for assistance in a caring and compassionate manner.

There were no records available of staff team meetings, this was discussed with the manager who confirmed that often ad hoc meeting were held, however these meetings were not recorded. An area for improvement was identified.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents’ needs, their daily routine wishes and preferences.

Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents’ needs. For example, one resident appeared to feel unwell during the day, staff recognised this and supported the resident offering a cold drink and reassurance.

Staff respected residents’ privacy by their actions such as knocking on doors before entering and discussing residents’ care in a confidential manner. It was observed that care was delivered in a sensitive and dignified manner.

Staff were observed offering residents’ choice in how and where they spent their day or how they wanted to engage socially. Residents were observed to choose where they wanted to spend their time throughout the day and where they wished to eat their lunchtime meal.

Residents were observed to be enjoying one another’s company in the lounge. Residents were also observed to be enjoying their own activity such as watching TV or reading the newspaper. There was a homely atmosphere.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents.

The dining experience was an opportunity for residents to socialise, music was playing, and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience.

Discussion with the manager and the residents confirmed that a range of activities were offered, however, these activities were not always structured and were often ad hoc depending on the preferences of the residents. The manager agreed to review the activities offered in the home and to display the choices offered to residents. Evidence of this was provided post inspection.

Residents said that they had been out to parties and to the local shops and also had attended some pamper session in the home.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff 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 person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. However, there was no evidence of resident involvement in the planning of their own care, this was discussed with the manager during feedback. An area for improvement was identified.

Where a resident was at risk of falling, measures to reduce this risk were put in place. A sample of care records such as risk assessments in relation to falls were found to be under regular review. However, there was no documentation to confirm if checks on individual residents had been carried out after a fall. This was discussed with the manager and an area for improvement was identified.

3.3.4 Quality and Management of Residents' Environment Control

The home was clean, tidy and well maintained. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out on a regular basis.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Rosanna McCann has been the manager of this home since 1 May 2023.

Residents, their relatives and staff commented positively about the manager and described her as supportive, approachable and able to provide guidance. One residents' relative said, "the manager is very accommodating, our views are always encouraged."

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and the quality of services provided by the home.

The home was visited each month by the registered provider. Reports of these visits were completed. However, these visits were announced and the reports were not robust, for example action plans were not detailed and had not been fully reviewed. This was discussed with the manager during feedback and an area for improvement was identified.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1*	3*

Areas for improvement and details of the Quality Improvement Plan were discussed with Rosanna McCann, manager, 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 29 Stated: First time To be completed by: 30 November 2024	The registered person shall ensure that the Regulation 29 monitoring visits are completed unannounced on a monthly basis. These reports should be robust and clear on the actions required to drive the necessary improvements to ensure compliance with regulations and standards. Ref: 3.3.5
	Response by registered person detailing the actions taken: Unannounced Regulation 29 Inspection will take place on a monthly basis going forward. The First of which will be in December 2024 and will be completed by the Homes provider.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 25.8 Stated: First time To be completed by: 31 December 2024	The registered person shall ensure that staff meeting take place on a regular basis and at least every three months. Ref 3.3.1
	Response by registered person detailing the actions taken: Staff meetings will be evidenced and minute recorded going forward. These will take place every 3 months- the first of Which took Place 17.11.2024
Area for improvement 2 Ref: Standard 6 Stated: First time To be completed by: 30 November 2024	The registered person shall ensure that, all care plans are up to date and where appropriate there is evidence of resident involvement in the care planning process. Ref: 3.3.3
	Response by registered person detailing the actions taken: Residents and their representatives (where appropriate) have been given the opportunity to have 1:1 meeting with the manager to go through their care plans. In addition, each resident/ their representative (where appropriate) are aware where the care plans are stored and have been advised that they are accessible at any time with manager's support. Each resident has agreed that all information retained in their care plans is accurate and reflect of their care needs and any changes/ updates will be shared with them.

<p>Area for improvement 3</p> <p>Ref: Standard 9.3</p> <p>Stated: First time</p>	<p>The Registered Person shall ensure that staff carry out and document the general health and welfare of a resident after a fall.</p> <p>Ref: 3.3.3</p>
<p>To be completed by: 7 November 2024</p>	<p>Response by registered person detailing the actions taken: 24hr Post fall Observation Charts have been implemented and staff have been trained in how to complete these as well as relevant follow-up/ procedures should concerns arise. These charts will be stored in the Residnets Care Plans</p>

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



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