

# Inspection Report

15 August 2024



## Gnangara

Type of service: Residential Care Home

Address: 163 Sligo Road,  
Drumawill, Enniskillen,  
BT74 7JZ

Telephone number: 028 6632 5134

[www.rqia.org.uk](http://www.rqia.org.uk)

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Radius Housing Association	<b>Registered Manager:</b> Ms Margaret Irwin
<b>Responsible Individual:</b> Mrs Fiona McAnespie	<b>Date registered:</b> 14 June 2018
<b>Person in charge at the time of inspection:</b> Mrs Paula McCarron, Senior Care Assistant	<b>Number of registered places:</b> 15  One named resident in category RC-PH.
<b>Categories of care:</b> Residential Care (RC) DE – Dementia.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 15
<b>Brief description of the accommodation/how the service operates:</b>  This home is a registered Residential Care Home which provides health and social care for up to 15 residents. The home is divided into three units each accommodating up to five residents with individual bedrooms and en-suites. Residents have access to communal lounges, a dining room and a garden.	

## 2.0 Inspection summary

An unannounced inspection took place on 15 August 2024, from 9.50 am to 3.25 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.

Residents spoke positively about living in Gnangara and were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Comments received from residents and staff, are included in the main body of this report.

It was positive to note that all four areas for improvement identified at the last care inspection had been met.

One new area for improvement was identified during this inspection in relation to ensuring that a legionella risk assessment (LRA) action plan details, are verified as completed in accordance with the risk assessor's specified time frame.

The findings of this report will provide the manager 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.

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 residents, relatives, staff or the commissioning Trust.

Throughout the inspection residents and staff were asked for their opinion on the quality of the care; and their experience of living, visiting or working in this home. 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.

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 findings of the inspection were discussed with the person in charge at the conclusion of the inspection.

### **4.0 What people told us about the service**

Residents spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Residents' comments included: "The staff are excellent", "I have everything I need", "This is a fantastic place", "I am very happy here" and "Getting good care".

Staff said that the manager was very approachable, teamwork was great and that they felt well supported in their role. Comments from staff included: "The manager is great", "I love it here", "Great place to work" and "Good staff morale". There was no response from the staff on-line survey.

Ten questionnaires were returned. Seven from residents and three from relatives. The respondents were very satisfied with the overall provision of care delivery. Comments included: "I love it here, all the staff are so friendly", "I always feel safe and respected by the staff", "Girls

(staff) are very helpful and make me feel safe”, “I love it here”, “They (staff) look after me like I live in my own home”, “Excellent care provided” and “I always feel safe”.

## 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 31 May 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 27 (2) (b) (c) <b>Stated:</b> Second time	The registered person shall ensure that a review of all windows is completed and that window restrictors are fitted where necessary with robust tamper proof fixings which can only be overridden or removed with the use of a special tool.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of a sample of windows and discussion with the person in charge evidenced that this area for improvement had been met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Standard 20 <b>Stated:</b> Second time	The registered person shall ensure that care record audits are robust at identifying deficits with the action taken, person responsible, time frame and follow up clearly recorded.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of a sample of care record audits and discussion with the person in charge evidenced that this area for improvement had been met.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 6 <b>Stated:</b> First time	The registered person shall ensure that care plans are reflective of residents current needs and relevant medical conditions.	<b>Met</b>

	<p><b>Action taken as confirmed during the inspection:</b> Review of a sample of care records and discussion with the person in charge evidenced that this area for improvement had been met.</p>	
<p><b>Area for improvement 3</b> <b>Ref:</b> Standard 10.3 <b>Stated:</b> First time</p>	<p>The registered person shall ensure that the management of distressed reactions are detailed in resident's care plans to ensure a consistent approach by staff.</p>	<b>Met</b>
	<p><b>Action taken as confirmed during the inspection:</b> Review of a sample of care records and discussion with the person in charge evidenced that this area for improvement had been met.</p>	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Staff reported that there was good team work, they felt well supported in their role and that the manager was approachable. Staff also said that, whilst they were kept busy, the number of staff on duty was satisfactory to meet the needs of the residents.

The staff duty rota accurately reflected all of the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty.

Review of a sample of staff competency and capability assessments for the person in charge in the absence of the manager found these to be completed.

A system for ensuring that care workers are registered with the Northern Ireland Social Care Council (NISCC) was in place. Advice was provided to further enhance these checks by adding the names of new care assistants to the matrix, along with the date they commenced employment and a comment section to monitor their registration application status.

Review of a sample of staff recruitment and induction records evidenced that relevant pre-employment checks had been obtained prior to commencing employment.

There were systems in place to ensure staff were trained and supported to do their job. For example, staff received regular training in a range of topics including moving and handling and adult safeguarding. Staff said that they were provided with relevant training to enable them to carry out their roles and responsibilities effectively.

A record of staff supervisions and appraisal was maintained by the manager.

### 5.2.2 Care Delivery and Record Keeping

Staff demonstrated a detailed knowledge of residents' wishes, preferences and assessed needs and of how to provide comfort if required. There was a pleasant, relaxed atmosphere in the home throughout the inspection and staff were observed to have caring, cheerful and friendly interactions with residents.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Residents appeared comfortable around staff and were observed approaching staff with specific requests or just to chat.

Residents were well presented; however, a small number of residents finger nails required attention. This was discussed with the person in charge and relevant action was taken during the inspection to address this.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. The lunchtime dining experience was seen to be a pleasant opportunity for residents to socialise and the atmosphere was calm and relaxed. Staff had made an effort to ensure residents were comfortably seated and were seen to be supportive and attentive to residents whilst providing the appropriate level of assistance at mealtimes.

Staff described how they were made aware of residents' individual nutritional and support needs and any recommendations made by the Speech and Language Therapist (SALT). A meal time co-ordinator was allocated to oversee the delivery of meals.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

Review of a sample of care records evidenced that they were regularly reviewed. Some discrepancies were identified and discussed in detail with the person in charge who had these updated prior to the completion of the inspection.

Daily records were kept of how each resident spent their day and the care and support provided by staff. Referrals to, or visits from, any healthcare professional was recorded, along with the outcome, for example, if staff contacted the GP regarding a resident.

### 5.2.3 Management of the Environment and Infection Prevention and Control

The home was neat and tidy and residents' bedrooms were found to be personalised with items of memorabilia and special interests. Outdoor spaces and gardens were well maintained with areas for residents to sit.

The carpet in one of the lounges was stained. Following the inspection, written confirmation was received from the manager that relevant action had been taken to address this.

A malodour was evident within one resident's bedroom and a urinal bottle was stained within the en-suite. This was discussed with the person in charge who agreed to have these issues addressed. Following the inspection, written confirmation was received that relevant action had been taken to address these issues.

Corridors and fire exits were clear from clutter and obstruction. The inspector requested the most recent fire risk assessment (FRA) and was informed that this was not available within the home and would be forwarded once received. Following the inspection, a FRA which had been completed on the 16 April 2024 was received and forwarded to the RQIA estates inspector for review. There were three actions required as a result of this assessment and management confirmed the action taken to address these recommendations within the timeframe provided.

The most recent legionella risk assessment (LRA) had been completed on the 29 July 2024; the manager advised that they were waiting receipt of this assessment and would forward onto RQIA once received. The previous LRA which had been completed on the 24 July 2023 had a number of recommendations stated which had not been signed off by management as having been completed. This information was shared with the RQIA estates inspector and an area for improvement was identified.

There was a good supply of personal protective equipment (PPE) and hand sanitising gel in the home. However, the appropriate type of gloves for personal care was not available within PPE wall mounted units. This was brought to the attention of the person in charge who immediately had this addressed.

Staff use of PPE and hand hygiene was regularly monitored by management and records were kept. One care assistant was observed wearing nail polish. This was discussed with the person in charge who confirmed the action taken to address this and to ensure that effective infection prevention and control (IPC) measures are maintained.

There was inappropriate storage of equipment within a communal bathroom; this was discussed with the person in charge who immediately had these items removed and agreed to monitor going forward. Surface corrosion was observed to a pedal bin within the communal bathroom and aprons were draped over handrails in three identified corridors. Following the inspection written confirmation was received that relevant action had been taken to address these issues.

#### **5.2.4 Quality of Life for Residents**

Observation of life in the home and discussion with staff and residents established that staff engaged with residents individually or in groups; residents were afforded the choice and opportunity to engage in social activities, if they wished. One resident said: "The staff are excellent. I can't complain about a thing" and a further resident said: "Everyone (staff) is very friendly".

During the inspection residents were observed watching television, resting or chatting to staff. Residents were seen to be content and settled in their surroundings and in their interactions with staff. An activity schedule was on display with a range of activities including; music, board games, exercises and hand massage.

Residents commented positively about the food provided within the home with comments such as: "Lovely food", "The food is very nice" and "I love the food".

### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Staff said that the manager was very approachable and accessible.

There was a system in place to ensure accidents and incidents were notified, if required, to residents' next of kin, the trust and to RQIA.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. Where deficits were identified an action plan with time frames, the person responsible and follow up was completed.

The home was visited each month by a representative of the registered person to consult with residents, their relatives and staff and to examine all areas of the running of the home. Written reports were completed following these visits and were available within the home.

### 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
<b>Total number of Areas for Improvement</b>	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Paula McCarron, Senior Care Assistant, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> 15 September 2024	The registered person shall ensure that the legionella risk assessment (LRA) 24 July 2023 action plan details are verified as completed in accordance with the risk assessor's specified time frame.  Ref: 5.2.3  <b>Response by registered person detailing the actions taken:</b> LRA action plan has been completed and full details have been shared with the Estates Inspector.

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





The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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