

# Unannounced Care Inspection Report

## 13 October 2016



## Giboney House

Type of service: Residential care home

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Inspector: Bronagh Duggan

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

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Giboney House Residential Home took place on 13 October 2016 from 10:45 to 16:30.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential care home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

There were examples of good practice found throughout the inspection in relation to staff induction, training, adult safeguarding, infection prevention and control, risk management and the home's environment. No requirements or recommendations were made in relation to this domain.

### Is care effective?

There were examples of good practice found throughout the inspection in relation to audits and reviews, communication between residents, staff and other key stakeholders. Two recommendations were made in regards to the review and updating of two care plans relating to medication and for daily records to reflect greater detail with regards to the personal care and support provided to residents.

### Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents. No requirements or recommendations were made in relation to this domain.

### Is the service well led?

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships. No requirements or recommendations were made in relation to this domain.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	3

Details of the Quality Improvement Plan (QIP) within this report were discussed with Maureen Corry, 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.

## 1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 17 May 2016.

## 2.0 Service details

<b>Registered organisation/registered person:</b> <b>Clanmil Housing Association</b>	<b>Registered manager:</b> Mrs Maureen Corry
<b>Person in charge of the home at the time of inspection:</b> Mrs Maureen Corry	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> I - Old age not falling within any other category DE – Dementia MP - Mental disorder excluding learning disability or dementia	<b>Number of registered places:</b> 15

## 3.0 Methods/processes

Prior to inspection we analysed the following records: notifications of accidents and incidents submitted to RQIA since the previous inspection, the returned Quality Improvement Plan, and complaints returns.

During the inspection the inspector met with 13 residents, two senior care staff, two care staff and the registered manager.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Three resident's care files
- The home's Statement of Purpose and Residents' Guide
- Minutes of recent staff meetings
- Complaints and compliments records
- Audits of accidents and incidents (including falls)
- Equipment maintenance / cleaning records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings
- 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

A total of 21 questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Thirteen questionnaires were returned within the requested timescale.

#### 4.0 The inspection

#### 4.1 Review of requirements and recommendations from the most recent inspection dated 19 May 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the care inspector at the next care inspection.

#### 4.2 Review of requirements and recommendations from the last care inspection dated 19/05/16

Last care inspection recommendations		Validation of compliance
<b>Recommendation 1</b> <b>Ref:</b> Standard 20.3 <b>Stated:</b> First time <b>To be completed by:</b> 19 August 2016	The registered manager should ensure a system to monitor the registration status of staff is introduced.  <b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and a review of records in the home showed that a system had been introduced to monitor the registration status of staff.	<b>Met</b>
<b>Recommendation 2</b> <b>Ref:</b> Standard 16.1 <b>Stated:</b> First time <b>To be completed by:</b> 19 August 2016	The registered manager should ensure that the homes policy and procedure relating to safeguarding vulnerable adults is updated to reflect the new regional guidance.  <b>Action taken as confirmed during the inspection:</b> The policy and procedure relating to safeguarding vulnerable adults was updated to reflect regional guidance. The need to reference the guidance was discussed with the registered manager.	<b>Met</b>

<p><b>Recommendation 3</b></p> <p><b>Ref:</b> Standard 20.11</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 30 June 2016</p>	<p>The registered manager should audit the number of accidents and incidents in the home on a monthly basis.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>A monthly audit has been introduced to monitor the accidents and incidents in the home.</p>	<p><b>Met</b></p>
<p><b>Recommendation 4</b></p> <p><b>Ref:</b> Standard 1.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 19 August 2016</p>	<p>The registered manager should ensure the residents satisfaction questionnaire is reviewed and revised.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b></p> <p>There was no evidence that the residents' satisfaction questionnaire had been reviewed and revised. This recommendation was stated for a second time.</p>	<p><b>Not Met</b></p>

#### 4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. Two staff shared that on occasions staff numbers can be reduced. This issue was discussed with the registered manager who confirmed the home was currently in the process of recruiting new staff. Information available in the home confirmed this. In the meantime the registered manager confirmed that staff had been completing some extra hours.

A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Review of completed induction records and 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 and a review of returned staff views questionnaires confirmed that mandatory training and appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was reviewed during the inspection.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable).

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements. A safeguarding champion has been established.

Discussion with staff confirmed that they were aware of the new 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. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review 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; written records were retained.

The registered manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed there were restrictive practices employed within the home, notably locked doors, keypad entry / exit system, and pressure alarm mats. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

A review of the statement of purpose and residents guide identified that restrictions were adequately described.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. COSHH and fire safety etc.

Staff training records confirmed that all staff had received training in infection prevention and control (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. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

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 policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh smelling, clean and appropriately heated.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated January 2016; no recommendations were made from this.

Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed in May 2016. 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 weekly and were regularly maintained.

Thirteen completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

Some comments from one resident, one resident's representative and one staff member in completed and returned questionnaires included:

- I feel very safe at Giboney and I am given a lot of reassurances from staff.
- My (relative) feels safe and protected from harm. Despite times of staff shortage I feel the staff here do a fantastic job, they will always let us know of any concerns, if any, they may have regarding my (relative). The home is always clean and well maintained.
- I feel service users are kept safe and protected from harm.

### Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.4 Is care effective?

Discussion with the registered manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of three care records confirmed that 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 (e.g. manual handling, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred. It was noted that two care plans relating to medication included a lot of information which was scored out as residents were no longer prescribed the medications in question. These were difficult to follow. A recommendation was made that this information should be reviewed and updated to reflect the current plan of care.

The care records reflected the multi-professional input into the residents' health and social care needs. A recommendation was made that daily records should reflect greater detail with regards to the personal care and support provided to 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. For example residents were encouraged to maintain individual interests including reading and music.

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 there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of accidents and incidents (including falls), the environment were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. Further evidence of audit was contained within the monthly monitoring visits reports.

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. The registered manager 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, their representatives and other key stakeholders. Minutes of resident meetings were reviewed during the inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

Thirteen completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

One resident's representative commented in a returned questionnaire:

- The staff communicate very effectively regarding any issues with my (relative).

**Areas for improvement**

Two areas for improvement were identified in relation to reviewing and updating the identified residents' medication care plans, and to ensure daily records reflect greater detail with regards to the personal care and support provided to residents.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	2
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## 4.5 Is care compassionate?

The registered manager confirmed that staff in 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.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home. Residents were provided with information, in a format that they could understand which enabled them to make informed decisions regarding their life, care and treatment. For example information was available regarding the menu of the day.

The registered manager and residents 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. Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected. For example staff ensured discussions regarding the residents condition was held in the office and not in front of other residents.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, residents and observation of practice 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. For example residents' meetings, annual reviews, monthly monitoring visits and annual satisfaction surveys.

Residents are consulted with, at least annually, about the quality of care and environment. The registered manager confirmed questionnaires had been distributed to residents and their representatives to gather their views for the annual report. At the time of the inspection the home was awaiting the responses. The report shall be viewed during the next care inspection.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were supported to engage and participate in meaningful activities. For example residents participate in quizzes, games, armchair aerobics and outings. The registered manager also confirmed that parties are arranged for special occasions. One resident shared with the inspector they would like to see a greater range of activities provided. This information was shared with the registered manager who confirmed other ideas would be considered. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Residents spoken with during the inspection made the following comments:

- "I think this is a good home, I have all that I need. The food is good, I am happy with my room, I would maybe like some more activities to choose from."
- "I am very happy here, they are very nice."
- "Everyone is very good, the staff are kind, you have a good choice of food."
- "I am 94 and have everything, the staff are very good, I am very happy here".

- “I just love it here, the staff really listen to you, they are always there”.

Thirteen completed questionnaires were returned to RQIA from residents, resident’s representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied.

One resident and one staff member commented in the completed questionnaires:

- A lot of compassion is given by staff
- Service users in my opinion are always treated with dignity and respect at all times.

### Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 4.6 Is the service well led?

The registered manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. 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. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

There was a complaints policy and procedure in place. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide, and information displayed in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review 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.

There was an accident / incident / notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review 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.

The registered manager confirmed that they were aware of the “Falls Prevention Toolkit” and were using this guidance to improve post falls management within the home.

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. For example staff had completed training on bereavement, oral hygiene, and dementia.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; however it was noted that no report was available for the month of August 2016, two reports were completed in July. The need to ensure these reports were made easily available for residents, their representatives, staff, trust representatives and RQIA to read was discussed with the registered manager as these were being stored on computer.

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. The registered manager confirmed that the registered provider was kept informed regarding the day to day running of the home through regular meetings and updates.

The registered manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider/s respond to regulatory matters in a timely manner.

Review of records and discussion with the registered manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. 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 and 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.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders. The registered manager also confirmed that a new initiative was being introduced to support staff and provide them with an opportunity to link in with management to support staff morale.

Thirteen completed questionnaires were returned to RQIA from residents, resident's representatives and staff. Respondents described their level of satisfaction with this aspect of the service as very satisfied.

Comments from one resident's representative and one staff member in completed questionnaires included:

- The staff here provide very good care and my (relatives) needs are fully met.
- I feel the home is well managed and is a home from home for all the residents.

## Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

<b>Number of requirements</b>	0	<b>Number of recommendations</b>	0
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### 5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Maureen Corry, registered manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all requirements and recommendations contained 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.

### 5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

### 5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered provider/manager may enhance service, quality and delivery.

### 5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) for assessment by the inspector.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

## Quality Improvement Plan

Recommendations	
<p><b>Recommendation 1</b></p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: 13 December 2016</p>	<p>The registered provider should ensure that the two care plans relating to medication are reviewed and updated to reflect the current plan of care.</p> <p><b>Response by registered provider detailing the actions taken:</b> This action was completed on 14<sup>th</sup> October 2016.</p>
<p><b>Recommendation 2</b></p> <p>Ref: Standard 8.2</p> <p>Stated: First time</p> <p>To be completed by: 15 October 2016</p>	<p>The registered provider should ensure that daily records reflect greater detail with regards to the personal care and support provided to residents.</p> <p><b>Response by registered provider detailing the actions taken:</b> We have met with staff and discussed this recommendation with regards to ensuring accurate recording of care provided.</p>
<p><b>Recommendation 3</b></p> <p>Ref: Standard 1.6</p> <p>Stated: First time</p> <p>To be completed by: 19 August 2016</p>	<p>The registered manager should ensure the resident's satisfaction questionnaire is reviewed and revised.</p> <p><b>Response by registered provider detailing the actions taken:</b> The next round of satisfaction surveys is due in summer 2017 and the questions will again be reviewed ahead of this exercise.</p>

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



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