



The **Regulation** and  
**Quality Improvement**  
Authority

## **Primary Announced Care Inspection**

<b>Name of Service and ID:</b>	<b>Giboney House (1604)</b>
<b>Date of Inspection:</b>	<b>14 October 2014</b>
<b>Inspector's Name:</b>	<b>Bronagh Duggan</b>
<b>Inspection ID:</b>	<b>IN017309</b>

**The Regulation And Quality Improvement Authority**  
**9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT**  
**Tel: 028 9051 7500 Fax: 028 9051 7501**

**General Information**

<b>Name of Home:</b>	Giboney House (1604)
<b>Address:</b>	Hughes Court Mount Merrion Avenue Belfast BT6 0LX
<b>Telephone Number:</b>	02890492527
<b>E mail Address:</b>	maureen.corry@clanmil.org.uk
<b>Registered Organisation/ Registered Provider:</b>	Clanmil Housing Association
<b>Registered Manager:</b>	Mrs Maureen Corry
<b>Person in Charge of the home at the time of Inspection:</b>	Mrs Maureen Corry
<b>Categories of Care:</b>	I, MP, DE
<b>Number of Registered Places:</b>	15
<b>Number of Residents Accommodated on Day of Inspection:</b>	15
<b>Scale of Charges (per week):</b>	£436 and £16 "top up"
<b>Date and type of previous inspection:</b>	18 March 2014  Primary Announced Inspection
<b>Date and time of inspection:</b>	14 October 2014  10:45am – 5:00pm
<b>Name of Inspector:</b>	Bronagh Duggan

## 2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an announced primary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

## 3.0 Purpose of the inspection

The purpose of this inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

## 4.0 Methods / Process

Committed to a culture of learning, RQIA has developed an approach which uses self-assessment, a critical tool for learning, as a method for preliminary assessment of achievement of the Minimum Standards.

The inspection process has three key parts; self-assessment, pre-inspection analysis and the visit undertaken by the inspector.

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

- Analysis of pre-inspection information
- Discussion with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff
- Consultation with residents individually and with others in groups

- Inspection of the premises
- Evaluation of findings and feedback

## 5.0 Consultation Process

During the course of the inspection, the inspector spoke to the following:

Residents	10
Staff	2
Relatives	1
Visiting Professionals	0

Questionnaires were provided, during the inspection, to staff seeking their views regarding the service.

Issued To	Number issued	Number returned
Staff	16	14

## 6.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards:

- **STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**  
Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication
- **STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**  
The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents

A view of the management of resident's human rights was undertaken to ensure that residents' individual and human rights are safeguarded and actively promoted within the context of services delivered by the home.

The registered provider and the inspector have rated the home's compliance level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance Statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken	In most situations this will result in an area of good practice being identified and comment being made within the inspection report

## 7.0 Profile of service

Giboney House Residential Care home is situated within the Belfast Health and Social Care Trust geographical area. It is located within the Mount Merrion residential area in the city of Belfast, close to local shops and local facilities.

The residential home is owned and operated by Clanmill Housing Association. The current registered manager is Mrs Maureen Corry.

Accommodation for residents is provided in fifteen single en suite flat-lets which contain small tea / coffee making facilities. The home is a two story building, access to the first floor is via a passenger lift and stairs.

Communal lounge and dining areas are provided on the ground floor, there is an enclosed paved garden at one end of the home and seating is also provided at the front of the home.

The home also provides catering and laundry services on the ground floor. A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of 15 persons under the following categories of care:

### Residential care

I	Old age not falling into any other category
DE	Dementia
MP	Mental disorder excluding learning disability or dementia

## 8.0 Summary of Inspection

This announced primary care inspection of Giboney House was undertaken by Bronagh Duggan on 14 October 2014 between the hours of 10:30 am -5:00pm. Mrs Maureen Corry was available during the inspection and for verbal feedback at the conclusion of the inspection. Mr Brendan Morrison area manager was also present for feedback at the conclusion of the inspection.

The recommendations made as a result of the previous inspection were also examined. Observations and discussion demonstrated that a training programme had commenced for staff in relation to dementia and behaviours which challenge. This programme was ongoing for staff members at the time of the inspection; the training was due to be completed by November 2014. This shall be reviewed during the next inspection. Signage throughout the home has been improved upon ensuring bathrooms, bedrooms and toilets were clearly indicated. The detail of the actions taken by Mrs Corry registered manager can be viewed in the section following this summary.

Prior to the inspection on 14 October 2014, Mrs Corry completed a self-assessment using the standard criteria outlined in the standards inspected. The comments provided by Mrs Corry in the self-assessment were not altered in any way by RQIA.

During the inspection the inspector met with residents, staff, and one visiting relative, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents. The inspector observed care practices, examined a selection of records and carried out a general inspection of the residential care home environment.

**Standards inspected:****STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR**

Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.

**STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS**

The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.

**Inspection Findings****Responding to Residents' Behaviour – Standard 10**

The inspector reviewed the arrangements in place for responding to resident's behaviour. The home had a policy and procedure in place in relation to managing challenging behaviour. A recommendation has been made that the policy is developed further to outline the need to contact specialist services when behaviours become more difficult to manage. The policy and procedure should also reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy should also detail the need to notify RQIA on each occasion restraint is used.

Through the inspector's observations, a review of documentation and discussion with residents and staff, confirmation was obtained that restraint is only used as a last resort. A key pad system was in operation on the front door of Giboney House. A review of three care records showed that risk assessments had been completed in relation to the use of this system for the identified residents. The risk assessments viewed by the inspector considered resident's personal freedom and liberty balanced against any cognitive or physical limitations. The registered manager informed the inspector that residents have access to an enclosed paved garden area to the side of the home; this area was viewed by the inspector. A recommendation has been made that the use of the keypad system on the front door is incorporated into resident's individual care plans. A further recommendation has also been made that the use of the key pad system on the front door is included in the homes Statement of Purpose.

Residents' care records outlined their usual routine, behaviours, means of communication and how staff should respond to their assessed needs. Staff who met with the inspector demonstrated that they had knowledge and understanding of individual residents assessed needs. Staff were aware of the need to report uncharacteristic behaviour to the person in charge and to ensure that all the relevant information is recorded in the resident's care records. A review of training records showed that the majority of staff had last received training in managing challenging behaviours in August 2012, three staff had completed training in 2013, and two staff had completed training in 2014. A recommendation has been made that all care staff complete training regarding the management of challenging behaviour on an annual basis. The registered manager is aware of her responsibilities in relation to when to refer residents to the multi-disciplinary team.

A review of a sample of records evidenced that residents and/or their representatives had been included in any decisions affecting their care. The evidence gathered through the inspection process concluded that Giboney House is substantially compliant with this standard.

## **Programme of Activities and Events – Standard 13**

The inspector reviewed the arrangements in place to deliver a programme of activities and events for residents. The home did not have a policy and procedure relating to the provision of activities and events in the home. A recommendation has been made the home develops a policy in regard to this. It was noted that one of the three care plans which were reviewed did not include residents identified likes and interests. A recommendation has been made that resident's likes and interests are clearly stated in all residents care records to ensure these are taken into consideration when developing the programme of activities.

Residents and staff confirmed that residents benefitted from and enjoyed the activities and events provided. The programme of activities was appropriately displayed. The programme identified that activities were provided throughout the course of the week and were age and culturally appropriate. The programme took account of residents' spiritual needs and facilitated inclusion in community based events. Residents were given opportunities to make suggestions regarding the programme of activities. A selection of materials and resources were available for use during activity sessions. Appropriate systems were in place to ensure that staff who are not employed by the home have the necessary knowledge and skills to deliver the activity. Appropriate records were maintained. The evidence gathered through the inspection process concluded that Giboney House is overall compliant with this standard.

### **Resident, representatives, and staff consultation**

During the course of the inspection the inspector met with residents, one representative, and staff . Questionnaires were also completed and returned by fourteen staff.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. The representative of one resident indicated their satisfaction with the provision of care and life afforded to their relative and complemented staff in this regard.

A review of the returned questionnaires and discussion with staff indicated that staff were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives, and staff are included in section 11.0 of the main body of the report.

### **Care Practices**

The atmosphere in the home was friendly and welcoming. Staff were observed to treat the residents with dignity and respect taking into account their views. Good relationships were evident between residents and staff.

### **Environment**

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard, resident's bedrooms were homely and personalised.

## **Storage of Medicines**

Two medicine trolleys were observed to be in use during the inspection, these were stored on the ground floor in the dining area of the home. It was noted that the medicine trolleys were not secured to the wall when not in use. This was discussed with the registered manager who stated that the medicine trolleys used to be stored on the first floor where there was a wall lock in place but access to the trolleys on the ground floor was more practical when completing the medicine round. A requirement has been made that that the medicine trolleys are secured to the wall at all times when not in use.

## **Care Records**

A review of residents daily care records showed that they did not always include sufficient details about the care provided to residents. One of the care records reviewed included sleeping habits and visits from family without detailing the care delivered and the residents' presentation on a regular basis. A recommendation has been made that care records should include sufficient detail and include all personal care and support provided.

A number of additional areas were also examined these include the management of complaints and fire safety. Further details can be found in section 11.0 of the main body of the report.

## **Conclusion**

The findings of this inspection evidenced that the delivery of care to residents was of a satisfactory standard. There were processes in place to ensure the effective management of the standards inspected.

The home's general environment was well maintained and residents were observed to be treated with dignity and respect.

One requirement and seven recommendations were made as a result of the primary announced inspection, details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, relative, the registered manager, and staff for their assistance and co-operation throughout the inspection process.

**9.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 18 March 2014**

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation Of Compliance
1	23	Staff should be consulted and training provided in regard to supporting persons with dementia, associated behaviours which challenge and techniques in responding. (The additional areas examined refers)	Records available in the home and discussion with the registered manager confirmed that a programme of training had commenced for staff in relation to supporting persons with dementia and associated behaviours which challenge. Six staff had completed the training in August 2014, further sessions were arranged for October and November 2014.  This shall be reviewed during the next inspection.	Moving towards Compliance
2	27	The signage within the home should be reviewed and improved. Ensure signage provided is in keeping with relevant guidance. (The additional areas examined refers)	Dementia friendly signage was used throughout the home, the signage was observed on toilet areas, bedroom and bathroom doors throughout the home.	Compliant

**10.0 Inspection Findings**

<b>STANDARD 10 - RESPONDING TO RESIDENTS' BEHAVIOUR</b>	
<b>Responses to residents are appropriate and based on an understanding of individual resident's conduct, behaviours and means of communication.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
10.1 Staff have knowledge and understanding of each individual resident's usual conduct, behaviours and means of communication. Responses and interventions of staff promote positive outcomes for residents.	
<b>Provider's Self-Assessment</b>	
Residents usual behaviours and means of communication are clearly recorded in their Individual care and support plans, as is the expected response and interventions from staff.	Compliant
<b>Inspection Findings:</b>	
<p>The home had a policy and procedure titled Challenging Behaviour dated August 2014 in place and a policy on Restraint 2012. A recommendation has been made that the policy is developed further to outline the need to contact specialist services when behaviours become more difficult to manage. The policy and procedure should also reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). This should also detail the need to notify RQIA on each occasion restraint is used.</p> <p>Observation of staff interactions with residents identified that informed values and implementation of least restrictive strategies were demonstrated.</p> <p>A review of staff training records evidenced that the majority of staff had last received training in managing challenging behaviours in August 2012, three staff had completed training in 2013, and two staff had completed training in 2014. A recommendation has been made that all care staff complete training regarding the management of challenging behaviour on an annual basis.</p> <p>A review of three residents' care records identified that individual resident's usual routines, behaviours and means of communication were recorded and included how staff should respond to assessed needs. Risk assessments were appropriately completed.</p>	Substantially Compliant

<p>Staff who met with the inspector demonstrated knowledge and understanding of resident’s usual routines, behaviours and means of communication and were knowledgeable in relation to responses and interventions which promote positive outcomes for residents.</p>	
<p><b>Criterion Assessed:</b>                  10.2 When a resident’s behaviour is uncharacteristic and causes concern, staff seek to understand the reason for this behaviour. Staff take necessary action, report the matter to the registered manager or supervisor in charge of the home at the time and monitor the situation. Where necessary, they make contact with any relevant professional or service and, where appropriate, the resident’s representative.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p>	
<p>Staff will investigate any uncharacteristic behaviour and record in the individuals daily notes along with all action taken including contacts with other professionals and family members.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b>                  Staff who met with the inspector demonstrated knowledge and understanding in relation to the areas outlined above. Staff were aware of the need to report the uncharacteristic behaviour to the registered manager and or the person in charge.                   Three care records were reviewed and identified that they contained the relevant information regarding the residents identified uncharacteristic behaviour. Progress records also identified the issues of assessed need and had a recorded statement of care/treatment given with effect (s) of same.                   A review of the records and discussions with care staff confirmed that professionals and representatives were informed appropriately.</p>	<p>Compliant</p>

<p><b>Criterion Assessed:</b> 10.3 When a resident needs a consistent approach or response from staff, this is detailed in the resident’s care plan. Where appropriate and with the resident’s consent, the resident’s representative is informed of the approach or response to be used.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p>	
<p>Should a resident require a consistent approach this will be recorded in their care plan and representative informed with the residents consent</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>A review of three care plans identified that when a resident needed a consistent approach or response from staff this was detailed.</p> <p>Care plans reviewed were signed by the resident or their representative where appropriate, the staff member drawing it up and the registered manager.</p>	<p>Compliant</p>
<p><b>Criterion Assessed:</b> 10.4 When a resident has a specific behaviour management programme, this is approved by an appropriately trained professional and forms part of the resident’s care plan.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b></p>	
<p>Not applicable at present</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b></p>	
<p>The registered manager informed the inspector that there were currently no residents who had a specific behaviour management programme in place. Therefore, this criterion was not applicable at this time.</p>	<p>Not Applicable</p>

<p><b>Criterion Assessed:</b> 10.5 When a behaviour management programme is in place for any resident, staff are provided with the necessary training, guidance and support.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
<p>Should a management programme be necessary staff would be provided with training, support and guidance to follow the programme and meet the needs of the resident</p>	Compliant
<b>Inspection Findings:</b>	
<p>Staff confirmed during discussions that in the past they would have had experience of managing behavioural issues in the home staff confirmed that they felt supported and this support ranged from training provided, supervision, de-brief sessions, and staff meetings.</p>	Compliant
<p><b>Criterion Assessed:</b> 10.6 Where any incident is managed outside the scope of a resident’s care plan, this is recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services. Where necessary, this is followed by a multi-disciplinary review of the resident’s care plan.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
<p>Any incidents managed outside of the residents care plan are recorded, reported and referred on as necessary</p>	Compliant
<b>Inspection Findings:</b>	
<p>A review of the accident and incident records from April 2014 to September 2014 and discussions with staff identified that no incidents had occurred outside of the scope of a resident’s care plan.</p> <p>Staff confirmed during discussions that when any incident was managed outside the scope of a resident’s care plan, this was recorded and reported, if appropriate, to the resident’s representative and to relevant professionals or services.</p>	Compliant

<p><b>Criterion Assessed:</b> 10.7 Restraint is only used as a last resort by appropriately trained staff to protect the resident or other persons when other less restrictive strategies have been unsuccessful. Records are kept of all instances when restraint is used.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b> restraint is not used in Giboney House should a situation arise staff will remove residents away from any danger and also themselves</p>	Compliant
<p><b>Inspection Findings:</b> A key pad system was in operation on the front door of Giboney House, the front entrance of which leads out to a populated driveway and parking area. A review of three care records showed that risk assessments had been completed in relation to the use of this system for the identified residents. The risk assessments viewed by the inspector considered resident’s personal freedom and liberty balanced against any cognitive or physical limitations. The registered manager informed the inspector that residents have access to an enclosed paved garden area to the rear of the home; this was viewed by the inspector. A recommendation has been made that the use of the keypad system on the front door should be included in resident’s individual care plans where appropriate. A further recommendation has also been made that the use of the key pad system on the front door is included in the homes Statement of Purpose.</p>	Compliant

<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<b>COMPLIANCE LEVEL</b>
	Compliant

<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<b>COMPLIANCE LEVEL</b>
	Substantially Compliant

<b>STANDARD 13 - PROGRAMME OF ACTIVITIES AND EVENTS</b> <b>The home offers a structured programme of varied activities and events, related to the statement of purpose and identified needs of residents.</b>	
<b>Criterion Assessed:</b>	<b>COMPLIANCE LEVEL</b>
13.1 The programme of activities and events provides positive outcomes for residents and is based on the identified needs and interests of residents.	
<b>Provider’s Self-Assessment</b>	
The Home offers a wide range of activities on a daily basis and the views and wishes of residents form the basis of activities offered.	Compliant
<b>Inspection Findings:</b>	
The home did not have a policy in place relating to the provision of activities. A recommendation has been made the home develops a policy to outline the need and context for a programme of activities and events in the home. Three care records were reviewed, two of these care records evidenced the individual’s social interests and activities they enjoyed, however it was noted that one of the care plans reviewed did not include residents identified interests. A recommendation has been made that resident’s likes and interests are clearly stated in care records to ensure all residents identified needs and interests are met.  Discussions with residents and staff and a review of the records of activities and events indicated that residents benefited from and enjoyed the activities and events provided.  The Statement of Purpose and Residents Guide provided information pertaining to activity provision within the home.	Moving towards compliance

<p><b>Criterion Assessed:</b> 13.2 The programme includes activities that are enjoyable, purposeful, age and culturally appropriate and takes into account the residents’ spiritual needs. It promotes healthy living, is flexible and responsive to residents’ changing needs and facilitates social inclusion in community events.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p>	
<p>The activities held in the home reflect the wishes, capabilities and needs of the residents. Including maintaining household skills with buns days etc. we join with our sister home for relevant events and with the local community in lunchclubs etc</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>Examination of the programme of activities identified that social activities are organised five times each week.</p> <p>The programme included activities which were age and culturally appropriate and reflected residents’ needs and preferences. The programme took into account residents’ spiritual needs and facilitated residents inclusion in community based events. Care staff confirmed during discussions that residents were provided with enjoyable and meaningful activities on a regular basis.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.3 Residents, including those residents who generally stay in their rooms, are given the opportunity to contribute suggestions and to be involved in the development of the programme of activities.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider’s Self-Assessment</b></p>	
<p>residents who stay in their rooms are encouraged to attend all activities staff will inform and invite them they will also be provided with a planner that lets them know what is on each day</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>A review of the record of activities provided and discussions with residents identified that residents were given opportunities to put forward suggestions for inclusion in the programme of activities. One resident informed the inspector they did not wish to participate in the programme of activities.</p> <p>Residents and their representatives were also invited to express their views on activities by means of resident/relatives meetings, one to one discussions with staff and care management review meetings.</p>	Compliant

<p><b>Criterion Assessed:</b> 13.4 The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
<p>the daly activities planner is put in the entrance area of the home so that it can be seen by residents, family members and visitors to the home</p>	Compliant
<b>Inspection Findings:</b>	
<p>On the day of the inspection the programme of activities was on display in the main entrance / hallway area of the home. This location was considered appropriate as the area was easily accessible to residents and their representatives.</p> <p>Discussions with residents confirmed that they were aware of what activities were planned.</p> <p>The programme of activities was presented in a weekly format with pictures, the information was printed on coloured paper which made it more clearly visible.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.5 Residents are enabled to participate in the programme through the provision of equipment, aids and support from staff or others.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
<p>Staff are available to assist residents to participate in activities of their choice</p>	Compliant
<b>Inspection Findings:</b>	
<p>Activities are provided on a daily basis each week by designated care staff.</p> <p>The care staff and residents confirmed that there was an acceptable supply of activity equipment available. This equipment included board games, quiz books, DVD’s, music cd’s, arts and crafts materials and a selection of books. Other activities include outings to the theatre, reminiscence and life history groups.</p>	Compliant

<p><b>Criterion Assessed:</b> 13.6 The duration of each activity and the daily timetable takes into account the needs and abilities of the residents participating.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>The duration of the activity depends on the residents participating and is recorded in the activities book</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>The care staff, registered manager and residents confirmed that the duration of each activity was tailored to meet the individual needs, abilities and preferences of the residents participating.</p> <p>Care staff demonstrated an awareness of individual residents' abilities and the possible impact this could have on their participation in activities.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.7 Where an activity is provided by a person contracted-in to do so by the home, the registered manager either obtains evidence from the person or monitors the activity to confirm that those delivering or facilitating activities have the necessary skills to do so.</p>	<b>COMPLIANCE LEVEL</b>
<p><b>Provider's Self-Assessment</b></p>	
<p>senior staff are always in attendance to monitor and supervise all activities in the home provided by anyone who is not a staff member</p>	Compliant
<p><b>Inspection Findings:</b></p>	
<p>The registered manager confirmed that a sports therapist and musicians have been employed to provide activities in the home.</p> <p>The registered manager confirmed that there were monitoring processes in place to ensure that they had the necessary knowledge and skills to deliver the activity.</p>	Compliant

<p><b>Criterion Assessed:</b> 13.8 Where an activity is provided by a person contracted-in to do so by the home, staff inform them about any changed needs of residents prior to the activity commencing and there is a system in place to receive timely feedback.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
<p>The activity provider would be informed about the needs/abilities of residents attending the activity within the limits of confidentiality and data protection.</p>	Compliant
<b>Inspection Findings:</b>	
<p>The registered manager confirmed that a system was in place to inform any person contracted to provide activities (who was not a member of the home’s staff), of any change in residents’ needs which could affect their participation in the planned activity.</p>	Compliant
<p><b>Criterion Assessed:</b> 13.9 A record is kept of all activities that take place, the person leading the activity and the names of the residents who participate.</p>	<b>COMPLIANCE LEVEL</b>
<b>Provider’s Self-Assessment</b>	
<p>A record of the above is maintained daily and audited as part of the monthly home audit</p>	Compliant
<b>Inspection Findings:</b>	
<p>A review of the record of activities identified that records had been maintained of the nature, duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.</p> <p>There was evidence that appropriate consents were in place in regard to photography and other forms of media.</p>	Compliant

<p><b>Criterion Assessed:</b> 13.10 The programme is reviewed regularly and at least twice yearly to ensure it meets residents’ changing needs.</p>	<p><b>COMPLIANCE LEVEL</b></p>
<p><b>Provider’s Self-Assessment</b> Activities are reviewed at each residents meeting and in between as requested by residents or when new suggestions are put forward.</p>	<p>Compliant</p>
<p><b>Inspection Findings:</b> A review of the programme of activities identified that it had last been reviewed on 8 August 2014. The records also identified that the programme was reviewed regularly during residents meetings.  The registered manager and care staff confirmed that planned activities were also changed at any time at the request of residents.  Residents who spoke with the inspector confirmed their satisfaction with the range of activities provided and were aware that changes would be made at their request.</p>	<p>Compliant</p>

<p><b>PROVIDER’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME’S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>
--	--

<p><b>INSPECTOR’S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</b></p>	<p><b>COMPLIANCE LEVEL</b> Compliant</p>
---	--

## **11.0 Additional Areas Examined**

### **11.1 Resident’s consultation**

The inspector met with residents individually and with others in groups. Residents were observed relaxing in the communal lounge area whilst others were resting in their bedrooms. In accordance with their capabilities all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

“It’s brilliant here; I like to read we had music last night”

“We are very happy here”

“The staff are very good, they are very helpful”

“The food is good, I am getting on very well”

### **11.2 Relatives/representative consultation**

One visiting representative who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relative and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

“It’s very nice here, the staff are very good he/she is very happy here”

### **11.3 Staff consultation/Questionnaires**

The inspector spoke with two members of staff and reviewed 14 completed and returned questionnaires. A review of the completed questionnaires and discussion with staff identified that staff were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness of how to respond to resident’s behaviours and indicated that a varied programme of activities is in place.

A review of the training records identified that staff were provided with a variety of relevant training including mandatory training.

### **11.4 Visiting Professionals**

There were no visiting professionals available to speak with the inspector on the day of the inspection.

### **11.5 Observation of Care practices**

The atmosphere in the home was friendly and welcoming. Staff were observed to be interacting appropriately with residents. Staff interactions with residents were observed to be respectful, polite, warm and supportive. Residents were observed to be well dressed, with good attention to personal appearance observed.

## 11.6 Complaints

It is not in the remit of RQIA to investigate complaints made by or on the behalf of individuals, as this is the responsibility of the providers and commissioners of care. However, if there is considered to be a breach of regulation as stated in The Residential Care Homes Regulations (Northern Ireland) 2005, RQIA has a responsibility to review the issues through inspection.

Prior to the inspection a complaints questionnaire was forwarded by the Regulation and Quality Improvement Authority (RQIA) to the home for completion. The evidence provided in the returned questionnaire indicated that complaints were being pro-actively managed.

A review of the complaints records evidenced that complaints were investigated in a timely manner and the complainant's satisfaction with the outcome of the investigation was sought.

The registered manager confirmed that lessons learnt from investigations were acted upon.

## 11.7 Environment

The inspector viewed the home accompanied by Mrs Corry and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a good standard.

## 11.8 Guardianship Information

A review of the information submitted prior to the inspection confirmed that there are currently no residents who are placed in the home under a Guardianship Order.

## 11.9 Fire Safety

The inspector examined the home's most recent fire safety risk assessment dated 10 December 2013. The review identified that the recommendations made as a result of this assessment had been duly actioned.

A review of the fire safety records evidenced that fire training, had been provided to staff on 29 September 2014. The records also identified that an evacuation had been undertaken on 7 July 2014 and that different fire alarms are tested weekly with records retained. There were no obvious fire safety risks observed. All fire exits were unobstructed and fire doors were closed.

## 11.10 Storage of Medicines

Two medicine trolleys were observed to be in use during the inspection, these were stored on the ground floor in the dining area of the home. It was noted that the medicine trolleys were not secured to the wall when not in use. This was discussed with the registered manager who stated that the medicine trolleys used to be stored on the first floor where there was a wall lock in place but access to the trolleys on the ground floor was more practical when completing the medicine round. A requirement has been made that that the medicine trolleys are secured to the wall at all times when not in use.

## **11.12 Care Records**

A review of residents daily care records showed that they did not always include sufficient details about the care provided to residents. One of the care records reviewed included sleeping habits and visits from family without detailing the care delivered and the residents’ presentation on a regular basis. A recommendation has been made that care records should include sufficient detail and include all personal care and support provided.

## **12.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Corry the registered manager and Mr Brendan Morrison, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Bronagh Duggan**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



The Regulation and  
Quality Improvement  
Authority

## Quality Improvement Plan

### Primary Announced Care Inspection

Giboney House

14 October 2014

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Maureen Corry registered manager either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan are addressed within the specified timescales.

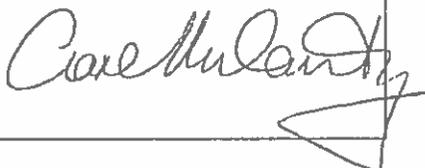
Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

<b>Statutory Requirements</b>					
<b>This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005</b>					
<b>No.</b>	<b>Regulation Reference</b>	<b>Requirements</b>	<b>Number Of Times Stated</b>	<b>Details Of Action Taken By Registered Person(S)</b>	<b>Timescale</b>
1.	Regulation 13 (4) (a)	<p>The registered person shall make suitable arrangements for the ordering, storage, recording, handling, safe keeping, safe administration and disposal of medicines used in or for the purposes of the home to ensure that –</p> <p>(a) Any medicine which is kept in the home is stored in a secure place</p> <p>Reference to this is made to the fact that two medicine trolleys stored in the dining area should be secured to the wall when not in use.</p>	One	The medicine trolleys are now secured to the wall	5 November 2014

<b>Recommendations</b>					
These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	23	Staff should be consulted and training provided in regard to supporting persons with dementia, associated behaviours which challenge and techniques in responding.	Two	staff are consulted on training at 1-1 supervisions, team meetings and at appraisals. Dementia training is provided to all relevant staff at induction and formally every three years.	30 November 2014
2.	10.1	The policy and procedure on Challenging Behaviour (2014) and Restraint (2012) should be developed further to outline the need to contact specialist services when behaviours become more difficult to manage. The policy and procedure should also reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). This should also detail the need to notify RQIA on each occasion restraint is used.	One	The policy and procedure have been amended to reflect the DHSS Guidance on restraint and ASeclusion in Health and personal Social Services 92005) and the Human Rights Act (1998)	10 December 2014
3.	10.1	All care staff should complete training regarding the management of challenging behaviour on an annual basis.	One	Training is provided at induction stage and formally every three years. The topic is also covered at 1-1 supervisions and team meetings as and when required.	10 December 2014
4.	10.7	The use of the keypad system on the front	One	This is included as part of the	24 December

		door should be included in resident's individual care plans where appropriate.		residents individual freedom of liberty care and support plans	2014
5.	10.7	The use of the key pad system on the front door should be outlined in the homes Statement of Purpose.	One	The use of the electronic door entry system is included in the statement of purpose of the Home	24 December 2014
6.	13.1	The registered manager should develop a policy regarding the programme of activities and events in the home.	One	An Activity policy has been developed and put in place	10 December 2014
7.	13.1	The likes and interests of residents should be clearly stated in all care records to ensure these are considered when producing a programme of activities.	One	The preferred activities of each resident is included in their individual care plan	10 December 2014
8.	8.2	Care records should include sufficient detail including personal care and support provided to residents.	One	Staff have been advised to include more detail of the care an support provdied in daily recordings	From the date of inspection and ongoing

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Maureen Corry
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	Yes	Bronagh Duggan	12.2.15
Further information requested from provider			