

Unannounced Care Inspection Report 14 December 2017



Giboney House

Type of Service: Residential Care Home

Address: Hughes Court, Mount Merrion Avenue, Belfast, BT6 0LX

Tel No: 028 9049 2527

Inspector: Bronagh Duggan

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a residential care home with 15 beds that provides care for residents within the categories of care as outlined on the homes certificate of registration.

3.0 Service details

Organisation/Registered Provider: Clanmil Housing Association Responsible Individual(s): Clare Imogen McCarty	Registered Manager: Andrew Johnston - acting
Person in charge at the time of inspection: Janet Tate Senior Carer until 1pm Julie Whittley Senior Carer from 1pm onwards	Date manager registered: Registration pending
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia MP - Mental disorder excluding learning disability or dementia	Number of registered places: 15 comprising: 1 RC-MP Maximum of 8 RC-DE

4.0 Inspection summary

An unannounced care inspection took place on 14 December 2017 from 10.30 to 17.00.

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

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to infection prevention and control, the home's environment, care reviews, communication between residents, staff and other key stakeholders and taking account of the views of residents.

Areas requiring improvement were identified in relation to the completion of a competency and capability assessment, full completion of the duty roster, recording when and how fire safety recommendations have been addressed, ensuring care records accurately reflect an identified residents assessed needs and to ensure regular staff meetings.

Residents and one representative said they were happy, that staff were very good and that they had no complaints.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	5

Details of the Quality Improvement Plan (QIP) were discussed with Julie Whittle, Senior Carer, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 4 May 2017.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: notifications of accidents and incidents submitted to RQIA since the previous care inspection, the previous inspection report and the returned QIP.

During the inspection the inspector met with 12 residents, three staff and one residents' visitor/representative.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Sample of competency and capability assessments
- Staff training schedule/records
- Three resident's care files
- Minutes of recent staff meetings
- Complaints and compliments 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

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance was recorded as met for one area. The review of staffing levels has been carried forward.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 4 December 2017

The most recent inspection of the home was an unannounced finance inspection.

This QIP will be validated by the finance inspector at the next finance inspection.

6.2 Review of areas for improvement from the last care inspection dated 4 May 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 25.1 Stated: First time	The registered provider should ensure staffing levels are reviewed to ensure the number of care staff on duty at all times meet the care needs of residents.	Carried forward to the next care inspection
	Action taken as confirmed during the inspection: Action required to ensure compliance with this standard could not be confirmed as part of this inspection in the managers absence and this will be carried forward to the next care inspection.	
Area for improvement 1 Ref: Standard 6.6 Stated: Second time	The registered provider should ensure that the care plan relating to medication is reviewed and updated to reflect the current plan of care.	Met
	Action taken as confirmed during the inspection: Discussion with the senior carer and review of the identified care plan confirmed that it had been updated accordingly.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The senior carer advised on the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. On the day of inspection a staff shortage arose a considerable amount of time elapsed before cover was found. Staff shared that it can be difficult to get cover at short notice due to a small pool of staff available. During the previous inspection an area for improvement was identified in relation to reviewing the staffing levels for the home. This has been carried forward for review during the next inspection and is stated in the QIP appended to this report.

A review of the duty roster confirmed that it accurately reflected the staff working within the home. It was noted that the manager's hours were not recorded on the duty roster, this was identified as area for improvement to comply with the standards.

Review of one induction record and discussion with the senior carer and staff evidenced that an induction programme was in place for staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and appraisal of staff was regularly provided. Following the inspection the manager provided information to RQIA outlining the supervision and appraisal arrangements for the home.

The senior carer confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. Samples of completed staff competency and capability assessments were reviewed and found to be satisfactory. However, discussion with a recently recruited staff member who had been left in charge of the home and review of records in the home showed a competency and capability assessment had not been completed. This was identified as an area for improvement to comply with the regulations.

Review of the recruitment and selection policy and procedure during a previous inspection confirmed that it complied with current legislation and best practice. Discussion with the senior carer 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.

The adult safeguarding policy in place was consistent with the current regional guidance. A safeguarding champion had been established. Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their

obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

The senior carer advised there had been no recent safeguarding issues. Discussion with the senior carer confirmed that any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records would be retained.

The senior carer advised there were risk management procedures in place relating to the safety of individual residents. Discussion with the senior carer 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 senior carer advised there were restrictive practices employed within the home, notably keypad entry systems and pressure alarm mats. Discussion with the senior carer regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Discussion with the senior carer 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. fire safety etc.

Staff training records confirmed that staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. 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 senior carer 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. Environmental issues had been reported onwards to the maintenance department.

The home had an up to date fire risk assessment in place dated 8 February 2017, the need to record when and how all recommendations have been addressed was discussed and has been identified as an area for improvement to comply with the standards.

Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill was completed on 10 November 2017, records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire alarm systems, emergency lighting and means of escape were checked weekly and were regularly maintained.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff training, adult safeguarding, infection prevention and control, and the home's environment.

Areas for improvement

Three areas for improvement were identified during the inspection in relation to the completion of competency and capability assessments for anyone left in charge of the home, ensuring the managers hours are recorded on the duty roster and to record when and how fire safety recommendations have been addressed.

	Regulations	Standards
Total number of areas for improvement	1	2

6.5 Is care effective?

The right care, at the right time in the right place with the best outcome

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

Three care records were reviewed 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 from one of the care records inspected that the care plan stated the resident was "to have a purified diet" however no information was available to show if there had been any speech and language input into this assessment. The issue was discussed with the senior carer, this was identified as an area for improvement to comply with the standards.

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 are encouraged to rise and retire at their preferred times.

The senior carer advised that there were arrangements in place to monitor and review the effectiveness and quality of care delivered to residents at appropriate intervals for example information contained within the monthly monitoring visits reports.

The senior carer advised 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. Review of the most recent team meetings minutes available showed that the meeting was held in March 2017, an area for improvement was identified to comply with the standards. The senior carer and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents and the representative 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, the most recent residents meeting was held in August 2017.

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.

Staff spoken with during the inspection made the following comments:

- “It’s a brilliant place to work, it really is. The residents are great, it’s like one big family the team work really well together. The only thing is the cover arrangements.”

Areas of good practice

There were examples of good practice found throughout the inspection in relation to care reviews, communication between residents, staff and other key stakeholders.

Areas for improvement

Two areas for improvement were identified during the inspection these related to ensuring care records accurately reflect the identified residents assessed needs including any speech and language input and to ensure staff meetings are held on a quarterly basis.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The senior carer 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, residents and one representative confirmed that residents’ spiritual and cultural needs were met within the home. Discussion with residents, the representative and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

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.

The senior carer, residents and the representative confirmed that consent was sought in relation to care and treatment. Discussion with residents, the representative 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.

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

Discussion with staff, residents, one representative 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 etc.

Discussion with staff, residents, one representative, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities for example craft sessions and musical events. Arrangements were in place for residents to maintain links with their friends, families and wider community for example some residents are involved with local church groups.

Residents and a resident's representative spoken with during the inspection made the following comments:

- "It is great, everyone is really lovely. I can't say anything bad about it at all."
- "Everybody is very good."
- "I'm as happy as Larry here, the girls couldn't be better."
- "I have to say staff are really really lovely, they couldn't be nicer. Food is lovely, my room is nice too."
- "No complaints from me, they (staff) are very good. The food is nice."
- (Relative) is being looked after very well. We are kept well informed if there are any changes. There is always staff about if you need them."

Areas of good practice

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.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care

The senior carer outlined the management arrangements and governance systems in place within the home. 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.

The inspector requested to view a sample of policies and procedures staff were unable to locate these in hard copy or electronically. The availability of policies and procedures for staff at all times was discussed with the manager following the inspection.

Residents and/or their representatives were made aware of how to make a complaint by way of the residents guide and information displayed around 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.

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 monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

There was a clear organisational structure and staff were aware of their roles, responsibility and accountability. The senior carer advised that senior management was kept informed regarding the day to day running of the home through regular visits and updates.

The senior carer 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 and employers' liability insurance certificate were displayed.

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

Review of records and discussion with the senior carer and staff confirmed that any adult safeguarding issues would be managed appropriately and that reflective learning would take place. The senior carer confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place which was viewed during a previous inspection and discussion with staff established that they were knowledgeable regarding this. The senior carer confirmed that staff could also access line management to raise concerns.

The senior carer 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.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements and management of complaints and incidents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Julie Whitley, senior carer, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

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

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

Area for improvement 1
Ref: Regulation 20.(3)
Stated: First time
To be completed by: 28 December 2017

The registered person shall ensure a competency and capability assessment is completed with any person who is given the responsibility of being in charge of the home in the manager's absence.

Ref: 6.4

Response by registered person detailing the actions taken:
 Competency and capability assessment completed 2.1.18

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

Area for improvement 1
Ref: Standard 25.6
Stated: First time
To be completed by: 18 December 2017

The registered person shall ensure a record is kept of staff working over a 24 hour period and the capacity in which they worked. Reference to this includes the hours worked by the manager.

Ref: 6.4

Response by registered person detailing the actions taken:
 Record of staff hours worked is maintained in the home. This includes the managers hour although sometimes these change at short notice. Manager also records his whereabouts each day.

Area for improvement 2
Ref: Standard 29.1
Stated: First time
To be completed by: 14 January 2018

The registered person shall ensure a record is maintained to show how and when any fire safety recommendations have been actioned.

Ref: 6.4

Response by registered person detailing the actions taken:
 Fire file updated to demonstrate actions complete

Area for improvement 3
Ref: Standard 6.2
Stated: First time
To be completed by: 14 January 2018

The registered person shall ensure care records accurately reflect the identified residents assessed needs including any speech and language input.

Ref: 6.5

Response by registered person detailing the actions taken:
 Care plan updated to reflect residents choice of soft diet.

<p>Area for improvement 4</p> <p>Ref: Standard 25.8</p> <p>Stated: First time</p> <p>To be completed by: 14 January 2018</p>	<p>The registered person shall ensure staff meetings are held on a regular basis and no less than quarterly.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: Staff meeting held in relation to night staff and full team meeting scheduled for 2.3.18</p>
<p>Area for improvement 5</p> <p>Ref: Standard 25.1</p> <p>Stated: Carried forward</p> <p>To be completed by: 14 January 2018</p>	<p>The registered provider should ensure staffing levels are reviewed to ensure the number of care staff on duty at all times meet the care needs of residents.</p> <p>Ref:6.2</p> <p>Response by registered person detailing the actions taken: Currently complete staff team in place. Staff levels under continuous review to ensure safety and well being of residents.</p>

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



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