



Unannounced Care Inspection Report 30 January 2019



Giboney House

Type of Service: Residential Care Home
Address: Hughes Court, Mount Merrion Avenue, Belfast
BT6 0LX
Tel No: 02890492527
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 registered to provide care and accommodation for 15 persons in the categories of care cited on the home's certificate of registration and detailed in Section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Clanmil Housing Association Responsible Individuals: Clare Imogen McCarty	Registered Manager: Brendan Morrissey (acting)
Person in charge at the time of inspection: Maureen Speers until 14:30 Caroline Bowes from 14.:30 onwards	Date manager registered: Brendan Morrissey – no application required
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 One place in category RC-MP (under 65 years). A maximum of 8 persons in RC-DE category of care.

4.0 Inspection summary

An unannounced care inspection took place on 30 January 2019 from 10.30 to 16.30.

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 focused on progress with any areas for improvement identified during the last care inspection included in the previous QIP 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 care reviews, communication between residents, staff and other interested parties, the culture and ethos of the home, management of incidents and maintaining good working relationships.

One new area for improvement has been stated this related to ensuring a robust and up to date system is in place regarding the monitoring of NISCC registration for staff. One area requiring improvement has been stated for a second time; this related to the review and updating of the care plan and risk assessments for an identified resident to ensure their needs are accurately reflected.

Residents shared positive views about their experience of living in the home and relationship with staff.

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	1

*The total number of areas for improvement include one which has stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Caroline Bowes, person in charge, at the conclusion of the inspection and with Brendan Morrissey, manager, via telephone following the inspection. 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 30 August 2018.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the persons in charge, eight residents and three staff.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. A number of "Have we missed you" cards were provided for display in the home to allow residents and representatives who were not present on the day of inspection the opportunity to give feedback to RQIA regarding the quality of the service provision. No questionnaires were returned within the agreed timescale.

During the inspection a sample of records was examined which included:

- Staff duty rota
- Staff supervision schedules
- Staff competency and capability assessments
- Staff training schedule and training records
- Three residents' care files
- Minutes of staff meetings
- Complaints and compliments records
- Accident, incident, notifiable event records
- Minutes of recent residents' meetings
- Reports of visits by the registered provider

- 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 recorded as met in five areas and partially met in one area.

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 30 August 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 30 August 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 27.(4) (d) (v) Stated: First time	The registered person shall ensure fire safety checks are completed and maintained on an up to date basis.	Met
	Action taken as confirmed during the inspection: Review of fire safety check records showed that checks were completed and maintained on an up to date basis.	
Area for improvement 2 Ref: Regulation 16.(2) (b) Stated: First time	The registered person shall ensure the care plans including risk assessments are reviewed and updated for the two identified residents to ensure they reflect their current needs.	Partially met
	Action taken as confirmed during the inspection: Discussion with the person in charge confirmed one of the residents no longer resided at the home. Review of the second care record showed that although some parts	

	of the care plan and risk assessments had been updated other relevant information had not been included. The need to ensure care records accurately reflect resident's needs was discussed. This area for improvement has been stated for a second time in the QIP appended to this report.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 29.1 Stated: Second time	The registered person shall ensure a record is maintained to show how and when any fire safety recommendations have been actioned.	Met
	Action taken as confirmed during the inspection: Information forwarded following the inspection confirmed records were maintained to show fire safety recommendations had been actioned.	
Area for improvement 2 Ref: Standard 8.2 Stated: First time	The registered person shall ensure records are maintained that detail all personal care and support provided including any changes in the residents' needs and all other relevant information.	Met
	Action taken as confirmed during the inspection: Discussion with the person in charge and review of staff training records showed staff completed training in relation to record keeping. A sample of progress records reviewed showed improvement in recording of personal care and support provided.	
Area for improvement 3 Ref: Standard 9.3 Stated: First time	The registered person shall ensure a referral is made for dietician input for the identified resident.	Met
	Action taken as confirmed during the inspection: Discussion with the person in charge and review of records maintained in the home showed a referral had been made for dietician input for the identified resident. The need to monitor weights and action accordingly on an ongoing basis was discussed.	

Area for improvement 4 Ref: Standard 11.5 Stated: First time	The registered person shall ensure the home keeps records of review meetings that identify outcomes of the review, actions required and those responsible.	Met
	Action taken as confirmed during the inspection: Discussion with the person in charge and review of records maintained in the home showed records of review meetings were maintained.	

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 person in charge advised that the staffing levels for the home were subject to regular review to ensure the assessed needs of the residents were met. Agency staff were used in the home. The person in charge stated that the use of agency staff did not prevent residents from receiving continuity of care as repeat bookings were made for staff familiar with the home.

Staff shared that they felt staffing levels were low during the evening periods in the home; this view was also shared by one resident. Discussion with the person in charge confirmed staffing levels for the home were being reviewed; following the inspection the manager advised staffing levels were going to be increased to ensure additional cover during the evening periods. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

A review of completed induction records and discussion with staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training and supervision of staff was regularly provided. Schedules and records of training and supervision were reviewed during the inspection.

Discussion with the person in charge 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. Staff competency and capability assessments were reviewed and found to be satisfactory.

Arrangements were in place to monitor the registration status of staff with their professional body (where applicable). Care staff spoken with advised that they were registered with the Northern Ireland Social Care Council (NISCC). However, additional information regarding the registration status of some staff had to be forwarded to RQIA following the inspection as records maintained in the home had not been updated. The need to have a robust and up to date

system to monitor NISCC registration of staff was identified as an area for improvement to comply with the standards.

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 person in charge advised there had been no recent safeguarding referrals, but 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, and written records would be retained.

Staff training records evidenced 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. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. 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.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home décor was quite dated though fit for purpose, the home was fresh-smelling, clean and appropriately heated. It was noted some lights in the dining area had no shades; these should be put in place accordingly.

Inspection of the internal and external environment identified that the home was 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. It was established that no residents smoked.

The home had an up to date fire risk assessment in place dated 20 February 2018. Information provided to RQIA confirmed that any actions identified had been addressed.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The records also included the 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, supervision and infection prevention and control.

Areas for improvement

One area for improvement was identified during the inspection in relation to ensuring a robust and up to date system to monitor staff registration with NISCC is in place.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 Is care effective?

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

Discussion with the person in charge 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 assessment of needs, about me information, risk assessments, care plans, and daily/regular statement of health and well-being of the resident. One area for improvement relating to the review and updating of care plan and risk assessment for an identified resident has been stated for a second time in the QIP appended to this report.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Care reviews records were completed and maintained on an up to date basis in the three care records reviewed.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example, residents are supported with their preferred rising and retiring times.

A varied and nutritious diet was provided to meet the individual and recorded dietary needs and preferences of the residents. Systems were in place to regularly record residents' weights; the ongoing need to identify and respond appropriately to any significant changes in weight was discussed with the person in charge.

The person in charge 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.

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.

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 interested parties.

Areas for improvement

No new areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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 person in charge advised 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.

The person in charge and residents advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, and dignity, and explained how confidentiality was protected.

Discussion with staff and residents confirmed that residents' spiritual and cultural needs were met within the home. A local church group visits the home regularly and residents are supported to participate in the service if they so wish.

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; residents were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example, residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included residents' meetings and visits by the registered provider.

Residents and staff spoken with during the inspection made the following comments:

- "They (staff) are good to you here." (resident)
- "I am very satisfied, I am very happy no complaints at all. The only thing is the evening with two staff they maybe don't have a lot of time, they (staff) can be busy." (resident)
- "I am happy as Larry here, the girls are all very good they help me out." (resident)
- "It is great here, I have everything that I need. Couldn't ask for more. The food is good, whatever you ask for you get. No complaints." (resident)
- "The staff are very good, I am happy enough." (resident)
- "Good team here, we all work well together." (staff)
- "Very well run home, whatever residents want they get, nice and chilled and relaxed." (staff)

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 person in charge outlined the management arrangements and governance systems in place within the home, and stated that 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. Discussion with the manager following the inspection confirmed that plans were in place to implement a more permanent managerial strategy and that relevant information would be forwarded to RQIA in due course.

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 information on display in the home. RQIA's complaint poster was available and displayed in the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. There had been no new complaints received since the previous inspection.

The home retains compliments received, e.g. thank you letters and cards, and there are systems in place to share these with staff.

A review of accident, incident and notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents; for example, staff had completed training in bereavement and dementia awareness.

A visit by the registered provider was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005. The need to ensure ease of access to these reports for relevant individuals was discussed with the manager following the inspection as the person in charge was unable to locate the reports during the inspection.

Following the discussion, the manager provided assurances that all staff would be reminded of how to access the reports and that arrangements would be clearly put in place informing relevant interested parties how the reports could be accessed.

The person in charge stated that senior managers were kept informed regarding the day to day running of the home through telephone calls, emails and visits to the home.

Inspection of the premises confirmed that the RQIA certificate of registration was displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The person in charge advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were 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 management of incidents and maintaining good working relationships.

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 Caroline Bowes at the conclusion of the inspection, and Brendan Morrissey, manager, via telephone following the inspection. 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.

Quality Improvement Plan

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

<p>Area for improvement 1</p> <p>Ref: Regulation 16.(2) (b)</p> <p>Stated: Second time</p> <p>To be completed by: 15 February 2019</p>	<p>The registered person shall ensure the care plans, including risk assessments, are reviewed and updated for the one identified resident to ensure they reflect their current needs.</p> <p>Ref: 6.2</p>
	<p>Response by registered person detailing the actions taken: The identified resident's care plan and risk assessment has been updated to reflect their current needs</p>

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

<p>Area for improvement 1</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: 15 February 2019</p>	<p>The registered person shall ensure a robust and up to date system to monitor staff registration with NISCC is in place.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Staff registration with NISCC is monitored monthly by the Home Manager and formally recorded.</p>

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



The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
📍 @RQIANews

Assurance, Challenge and Improvement in Health and Social Care