



The Regulation and
Quality Improvement
Authority

Inspector: Bronagh Duggan
Inspection ID: IN022342

Giboney House
RQIA ID: 1406
Hughes Court
Mount Merrion Avenue
Belfast
BT6 0LX

Tel: 02890492527

Email: maureen.corry@clanmil.org.uk

**Unannounced Care Inspection
of
Giboney House**

31 July 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 31 July 2015 from 09.30 to 15.30. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/Enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/Enforcement resulting from this inspection

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

1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	1

The details of the QIP within this report were discussed with Mrs Maureen Corry registered manager as part of the inspection process. The timescales for completion commence from the date of inspection.

2. Service Details

Registered Organisation/Registered Person: Clanmil Housing Association/Ms Clare McCarty	Registered Manager: Mrs Maureen Corry
Person in Charge of the Home at the Time of Inspection: Maureen Corry	Date Manager Registered: April 2005
Categories of Care: RC-DE, RC-I, RC-MP	Number of Registered Places: 15
Number of Residents Accommodated on Day of Inspection: 14	Weekly Tariff at Time of Inspection: £486

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/Process

Prior to inspection we analysed the following records: Notifications of accidents and incident records submitted to RQIA and the returned Quality Improvement Plan from the previous inspection.

During the inspection we met with 10 residents, three care staff, cook and two resident's visitors/representative.

We inspected the following records:

- Four care records
- Relevant Policies and Procedures
- Accident and Incident Notifications
- Compliments and Complaints
- Fire Safety Risk Assessment
- Monthly Monitoring Reports.

5. The Inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 26 February 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of requirements and recommendations from the last care inspection

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 9.1	The home has details of each resident's General Practitioner (GP), optometrist and dentist. <ul style="list-style-type: none"> • All care records should be updated to contain details of the residents' optometrist and dentist, as appropriate. 	Met
	Action taken as confirmed during the inspection: Four care records examined contained relevant	

	details of resident's optometrist and dentist as appropriate.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 2 Ref: Standard 8.2	<p>The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.</p> <ul style="list-style-type: none"> • Next of kin, Trust and RQIA should be notified of any incident or accident which affects the health, care or welfare of any resident. 	Met
	<p>Action taken as confirmed during the inspection:</p> <p>The registered manager confirmed next of kin; Trust and RQIA have been appropriately notified of accidents and incidents where necessary. We reviewed accident and incident records which confirmed this procedure was in place.</p>	

5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Is care safe? (Quality of life)

The registered manager confirmed that residents can spend their final days in the home unless there is a documented health care need that prevents this.

In our discussions with the registered manager and three care staff they confirmed that residents and those identified as important to them are involved in decisions about their treatment and care. Staff confirmed that the home works closely with other health care professionals including the resident's General Practitioner and the district nursing service. Staff confirmed to us that any changes in the residents' condition would be monitored closely and reflected in their assessment and documented in their care plan.

Staff were aware of the need to liaise closely with residents families and to keep them informed of any changes in the residents condition.

Is care effective? (Quality of management)

The home had a policy in place on dying and death. We made a recommendation that the policy should be developed further to reflect current best practice. Staff informed us they had recently completed training in bereavement. Records available confirmed this. We inspected four care records. All of these records contained relevant information relating to residents wishes in the event of their death. Information included residents spiritual preferences, next of

kin details and specific funeral arrangements. The registered manager confirmed spiritual support is available for residents on a regular basis with frequent visits from local ministers. A monthly non-denominational service is held in the home. Individual spiritual support is available for residents in their final days if they so wish.

The registered manager confirmed that the deceased's belongings are stored for the family to handle in their own time. Resident's personal property is listed upon admission to the home this record is shared with families.

Is care compassionate? (Quality of care)

In our discussions with the registered manager and staff they confirmed residents were always treated with dignity and respect. Staff gave examples of occasions when they supported families through their grief. Staff were aware of the need to communicate information sensitively to family members. Staff confirmed that families are given privacy and time to spend with their loved one.

Following the death of a resident the registered manager confirmed that other residents in the home would be informed in a sensitive manner. Residents and staff would have the opportunity to pay their respects and are provided with support if needed. Staff shared with us an example when residents in the home offered comfort to a fellow resident who had lost their spouse. Staff confirmed to us that there was a supportive ethos with the management of the home in helping staff to deal with dying and death.

We reviewed a selection of compliment cards and records. These were received from families of deceased residents. These contained words of praise and gratitude for the kindness and compassion shown during this period of care.

Areas for Improvement

We identified one area of improvement for this standard. Overall this standard was met.

Number of Requirements:	0	Number of Recommendations:	1
--------------------------------	---	-----------------------------------	---

Theme: Residents receive individual continence management and support

Is care safe? (Quality of life)

In our discussions with staff they demonstrated knowledge of supporting residents with their continence needs. Staff confirmed that input is sought from the district nursing service regarding continence management. We inspected four care records three of which reflected continence issues. These three records contained individualised assessments and plans of care. The plans of care had been drawn up in consultation with district nursing, staff and the resident. Records showed that resident's individual needs were reviewed regularly.

Is care effective? (Quality of management)

The home had a policy in place regarding the management of continence. This contained relevant information about person centred care, working with continence specialists and need for assessment and monitoring.

In our discussions with staff they confirmed they had completed training regarding continence management and infection control. Records in the home supported this. Staff showed good knowledge of resident's individual needs and measures to promote continence management.

We observed adequate supplies of continence products, gloves, aprons and hand washing dispensers throughout the home. No malodours were identified in the home.

Is care compassionate? (Quality of care)

In our discreet observations of care practices we found that residents were treated with dignity, care and respect when being assisted by staff. Continence care was undertaken in a discreet and private manner.

Areas for improvement

We identified no areas of improvement for this theme. This theme was assessed to be met.

Number of Requirements:	0	Number of Recommendations:	0
--------------------------------	---	-----------------------------------	---

5.4 Additional areas examined

5.4.1 Residents views

We spoke with ten 10 residents individually. In accordance with their capabilities all expressed or indicated that they were happy with their life in the home, their relationship with staff and the care provided.

Some of the comments from the residents included:

"We are all well looked after here. They are very kind".

"I am happy here, the food is good, the girls are very good".

"We are doing fine, I have all that I need".

"It is a good place, everyone helps you as much as they can".

"I think we are all getting on great"

"It is just brilliant here, the girls are brilliant. I can't thank them enough. I have everything I need".

5.4.2 Relatives/representatives views

We met two visiting relatives/representatives who shared their experiences of visiting the home.

Comments received included:

"It is marvellous, we feel very lucky to have found this place. The staff really go out of their way to help you and keep you informed about everything".

"This is a good home. I like to call in regularly, the staff are very helpful".

5.4.3 Staff views

We spoke with three care staff and one catering staff member. We received five completed staff questionnaires. Staff confirmed that they were supported in their respective duties and were provided with relevant training resources to undertake their duties.

5.4.4 General environment

We found that the home was clean and tidy with no malodours present. The décor and furnishings although dated were fit for purpose.

5.4.5 Accidents and incident reports

We reviewed the accident and incident reports from the previous inspection and found these to be appropriately managed and reported.

5.4.6 Fire safety

We inspected fire safety training records which confirmed that training was maintained on a regular basis. The home's Fire Safety Risk Assessment had been updated accordingly. There were no obvious fire risks observed.

5.4.7 Compliments and complaints

We reviewed records of compliments and complaints. These were maintained satisfactorily. The registered manager informed us that all complaints had been resolved. Records available confirmed this.

6. Quality Improvement Plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Mrs Maureen Corry as part of the inspection process. The timescales commence from the date of inspection.

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of 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.

6.1 Statutory Requirements

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, Residential Care Homes Regulations (Northern Ireland) 2005.

6.2 Recommendations

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

6.3 Actions Taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan

Recommendations	
Recommendation 1 Ref: Standard 21 Stated: First time To be Completed by: 25 September 2015	The registered manager should ensure that the homes policy relating to dying and death is developed further to reflect current best practice. Response by Registered Person(s) Detailing the Actions Taken: The policy relating to dying and death has been developed to reflect Gain Guidelines and reference to offering greater family support to residents families.

Registered Manager Completing QIP	Maureen Corry	Date Completed	08.09.2015
Registered Person Approving QIP	<i>Maureen Corry</i>	Date Approved	17 th Sept 2015
RQIA Inspector Assessing Response	<i>Bronagh O'Quinn</i>	Date Approved	18/9/15

Please ensure the QIP is completed in full and returned to care.team@rqia.org.uk from the authorised email address