



Secondary Unannounced Care Inspection

Name of Service and ID: Guardian Residential Home (10736)
Date of Inspection: 16 July 2014
Inspector's Name: Priscilla Clayton
Inspection ID: IN017600

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General information

Name of Service:	Guardian Residential Home (10736)
Address:	28 Moor Road Coalisland Dungannon BT71 4QB
Telephone number:	02887746361
E mail address:	guardiancentre@btconnect.com
Registered Organisation/ Registered Provider:	Guardian Day Care and Residential Care
Registered Manager:	Jacqueline Ryan
Person in charge of the home at the time of inspection:	Jacqueline Ryan
Categories of care:	RC-I, RC-PH/PH(E), RC-DE
Number of registered places:	5
Number of residents accommodated on Day of Inspection:	4 residents plus 3 day care service users.
Scale of charges (per week):	As per trust contract
Date and type of previous inspection:	06 November 2014 (Primary Announced)
Date and time of inspection:	16 July 2014 (10.30am – 3.30pm)
Name of Inspector:	Priscilla Clayton

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 unannounced secondary 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 unannounced 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

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

- Discussion with the registered manager/provider.
- Examination of records.
- Observation of care delivery and care practice.
- Discussion with staff.
- Consultation with residents individually.
- Inspection of the premises
- Evaluation of findings and feedback

5.0 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 Standard:

Standard 20 criteria 6, 7, 8, 9,15,16,18 and 19

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	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
3 - Moving towards compliance	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
4 - Substantially Compliant	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
5 - Compliant	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.

6.0 Profile of service

Guardian Residential Care home is situated in a country area outside the town of Coalisland. The residential home is owned and managed by Jackie Ryan since 2007.

Accommodation for residents is provided single bed rooms in a single floor bungalow.

Communal lounge with dining area space is provided.

The home provides catering, laundry services and a number of communal sanitary facilities and hair dressing salon is available.

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

Residential care:

RC-I, RC-PH/PH(E), RC-DE

Day care

As outlined in the condition of registration this residential care home is registered to provide day care services up to and including a maximum of 3 service users.

7.0 Summary of inspection

This secondary unannounced care inspection of Guardian Residential Home was undertaken by Priscilla Clayton on 16 July 2014 between the hours of 10.30am and 15.30 pm The registered manager, Jacqueline Ryan, was available during the inspection and for verbal feedback at the conclusion of the inspection.

One requirement made as a result of the previous inspection conducted on 6 November 2014 was examined. There was evidence that the home has addressed all areas as required within the timescales specified. The detail of the action taken by the registered manager can be viewed in the section 8 of this report.

The focus of this unannounced inspection was on standard 20, criteria 6, 7, 8, 9, 15,16,18 and 19. Examination of associated documentation and discussion with staff and residents evidenced that the home was fully compliant with six of the eight criteria examined. Improvement is necessary in regard to accident reporting to RQIA and review of Resident Guide.

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

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. Comments received from residents, representatives, staff and visiting professionals are included in section 10.0 of the main body of the report.

Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

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 satisfactory.

A number of additional areas examined included staffing, complaints, documentation and environment. Further details can be found in section 10.0 of the main body of the report.

Four requirements and one recommendation were made as a result of the secondary unannounced 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, registered manager / provider and staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 6 November 2013.

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	Regulation 21 Sch 2.7	<p><u>Physical and mental health assessment</u></p> <p>The registered is required to ensure selected staff for appointment seek pre- employment evidence that the person is physically and mentally fit for the purposes of the work they have to perform in the home,</p> <p>(Currently staff sign a declaration template which would be acceptable, in accordance with legislation, if it was impracticable to obtain the aforementioned evidence)</p>	Examination of the last staff appointment record evidenced that a physical and mental health self- assessment was in place as the GP had refused to provide evidence.	Compliant

9.0 Standard 20, criteria 6,7,8,9,15,16,18 and19.

STANDARD 20 - MANAGEMENT AND CONTROL OF OPERATIONS Management systems and arrangements are in place that support and promote the delivery of safe, quality care services.	
Criterion Assessed: 20.6 The statement of purpose is kept under review.	COMPLIANCE LEVEL
Inspection Findings:	
Examination of the homes Statement of Purpose (dated 2013) evidenced that this was readily available and reviewed as necessary. A copy of the Statement of Purpose should be readily available.	Compliant
Criterion Assessed: 20.7 Any change to: - <input type="checkbox"/> Part 1 of the statement of purpose <input type="checkbox"/> The person registered on behalf of the organisation or any change in: - <input type="checkbox"/> The registered manager, or <input type="checkbox"/> The registered premises is made only with the approval of the Regulation and Quality Improvement Authority.	COMPLIANCE LEVEL
Inspection Findings:	
The manager confirmed that no changes to the Statement of Purpose have been necessary.	Compliant

STANDARD 20 - MANAGEMENT AND CONTROL OF OPERATIONS Management systems and arrangements are in place that support and promote the delivery of safe, quality care services.	
Criterion Assessed: 20.8 An up-to-date and accurate register of residents accommodated in the home is kept and is available for inspection at all times. (See Appendix 1)	COMPLIANCE LEVEL
Inspection Findings:	
Examination of the home's resident register evidenced that this document was being satisfactorily maintained	Compliant
Criterion Assessed: 20.9 The residents' guide is kept under review, revised when necessary and updated versions are provided to the Regulation and Quality Improvement Authority.	COMPLIANCE LEVEL
Inspection Findings:	
The manager explained that the home's Resident Guide was currently being reviewed as additional detail is necessary in order to comply with Standard 3.2. Circulation of the amended document is to be issued to all residents / representatives. This document will be examined at the next inspection.	Substantially compliant

STANDARD 20 - MANAGEMENT AND CONTROL OF OPERATIONS	
Management systems and arrangements are in place that support and promote the delivery of safe, quality care services.	
Criterion Assessed:	COMPLIANCE LEVEL
20.15 All accidents, incidents, communicable diseases, deaths, and events occurring in the home which adversely affect the wellbeing or safety of any resident are reported promptly to the Regulation and Quality Improvement Authority and other relevant organisations in accordance with legislation and procedures. A record is maintained of all adverse incidents.	
Inspection Findings:	
Examination of accident / incident records retained in the home evidenced that one minor accident had occurred on 14 June 2014 which was not notified to RQIA. The manager explained that this was an oversight. As failure to notify RQIA is a breach of Regulation 30 of The Residential Care Homes Regulations (Northern Ireland) 2005 one requirement was made in this regard. It was also recommended that the home's accident forms are reviewed and revised to ensure full details are recorded as discussed.	Not compliant
Criterion Assessed:	COMPLIANCE LEVEL
20.16 The registered person and the registered manager undertake training to ensure they are up-to date in all areas relevant to the management and provision of services.	
Inspection Findings:	
Recent professional development training undertaken by the manager included all mandatory training and dementia update training. Attendance at training in management regarding Safeguarding, organised by the commissioning trust has also taken place. (The manager holds qualifications in RGN, Diploma Higher Education, District Nursing Dip and Specialists practice in Community Care and Teaching Cert.)	Compliant

STANDARD 20 - MANAGEMENT AND CONTROL OF OPERATIONS Management systems and arrangements are in place that support and promote the delivery of safe, quality care services.	
Criterion Assessed: 20.18 There is a written policy on “Whistle Blowing” and written procedures that identify to whom staff report concerns about poor practice.	COMPLIANCE LEVEL
Inspection Findings:	
The home’s policy on Whistle Blowing (dated 30/03/14) was examined and discussed with the manager and staff. Staff confirmed they were aware of the policy. Examination of the policy / procedure evidenced that reporting mechanisms were reflected.	Compliant
Criterion Assessed: 20.19 There are appropriate mechanisms to support staff in reporting concerns about poor practice.	COMPLIANCE LEVEL
Inspection Findings:	
Support to staff would include confidentiality, additional one to one supervision sessions and counselling.	Compliant

10.0 ADDITIONAL AREAS EXAMINED

10.1 Resident's consultation

The inspector met with all residents and three day care service users.

On arrival at the home residents were observed relaxing in the communal lounge area and later participating in organised activity. 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:

- “Good staff, see to everything”
- “I have lived here a long time and don't want to move”
- “I like the food and get plenty of it”
- “We can go out if we want to”

The inspector observed that one day care service user sat in a wheel chair with body strap in situ for most of the visit. This was discussed with the manager who agreed to discuss this form of restraint with the resident representative and social worker.

10.2 Relatives/representative consultation

No relatives visited during the inspection.

10.3 Staffing / consultation

The inspector spoke with the two staff on duty. Discussion with staff identified that they felt supported in their respective roles. Staff confirmed that staffing levels were satisfactory and they are provided with the relevant resources to undertake their duties and demonstrated awareness and knowledge of the needs of residents, safeguarding and whistle blowing. No issues or concerns were raised. Staff meetings are held.

Staffing levels were deemed to be satisfactory for the number and dependency levels of residents accommodated on the day of inspection.

Competency and capability assessment of staff left in charge of the home during the managers absence was discussed with the manager who explained that she was not aware that all staff left in charge had to have an assessment and this assessment was undertaken on one senior staff member who would act up in her absence. This assessment was examined and a requirement was made that all staff left in charge of the home must have an assessment in keeping with Regulation 20 of The Residential Care Homes Regulations (Northern Ireland) 2005 which states:

“The registered manager shall carry out a competency and capability assessment with any person who is given responsibility of being in charge of the home for any period of time in his absence”

10.4 Complaints

Examination of records retained showed that no complains had been received since the last inspection.

10.5 Visiting professionals' consultation

No professional visited the home during the inspection.

10.6 Environment

The inspector viewed the internal and external environment of the home and inspected residents' bedrooms and communal areas. The areas of the environment viewed 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 satisfactory.

Externally, security for residents to freely move around the home and provision of seating was discussed with the manager. The security gate which leads unto a busy road was observed to be open. The manager explained that the staff member last into the home did not close the gate properly. One requirement was made in regard ensuring a safe secure area was always available to residents.

10.6 Visitors Book

Examination of the home's visitor's book evidenced that this was not kept up to date as no record of visits had been recorded over the past months. This is a breach of Regulation 19 (2) Schedule 4. 22. of The Residential Care Homes Regulations (Northern Ireland) 2005 which states "A record of all visitors to the home, including the names of all visitors". One requirement was made in this regard

Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Jackie Ryan, registered manager, 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.

The findings of this inspection were discussed with Jackie Ryan, registered manager as part of the inspection process.

Enquiries relating to this report should be addressed to:

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



Quality Improvement Plan

Secondary Unannounced Care Inspection

Guardian Residential care Home

16 July 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 Jackie Ryan, registered manager on conclusion of 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.

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, and The Residential Care Homes Regulations (NI) 2005					
No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	Regulation 20. (3)	<p><u>Competency and capability assessments</u></p> <p>The registered manager must carry out a competency and capability assessment with any person who is given responsibility of being in charge of the home for any period of time in his absence</p>	Once	Competency and capability assessments are in place.	30 September 2014
2	Regulation 30 (1)	<p><u>Accidents / Incidents notification</u></p> <p>The registered manager must notify RQIA without delay of any accident occurring in the home.</p>	Once	No incidents have occurred to date, any future accident or incidents will be notified to RQIA.	Immediate and ongoing
3	Regulation 27 (2) (0)	<p><u>Security</u></p> <p>The registered manager must ensure that the outside gate is kept closed, ensuring that a safe secure area is always available to residents.</p>	Once	Out-Side gate is closed ensuring safe secure area for residents.	Immediate and ongoing
4	Regulation 19 (2) Schedule 4. 22	<p><u>Visitors Book</u></p> <p>A record of all visitors to the home, including the names of all visitors must be retained.</p>	Once	Visitors book is now recorded names of all visitors are retained.	Immediate and ongoing

Recommendations					
These recommendations are based on The Residential Care Homes Minimum Standards (2008), 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	Standard 3-2	<p><u>Resident Guide</u></p> <p>Ensure the resident guide is reviewed and revised to include full information as shown in Standard 3.2 of The Residential Care Homes Minimum Care Standards. (2011).</p> <p>Distribute the revised guide to all residents / representative and all new admissions.</p>	Once	The Residents guide has been reviewed to meet standard 3.2 of the Residential Care Home minimum standards. Residents guide has been distributed to all Residents and new admissions.	31 September 2014

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 and returned to care.team@rqia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	Jackie Ryan
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	Jackie Ryan

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	P.Clayton	8/09/14
Further information requested from provider			