



The Regulation and
Quality Improvement
Authority

Guardian Residential Home
RQIA ID: 10736
28 Moor Road
Coalisland
Dungannon

Inspector: Bronagh Duggan
Inspection ID: IN023324

Tel: BT71 4QB
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**Unannounced Care Inspection
of
Guardian Residential Home**

2 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 2 July 2015 from 10.00 to 15.15. 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	5

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

2. Service Details

Registered Organisation/Registered Person: Guardian Day Care and Residential Care/Mrs Jacqueline Ryan	Registered Manager: Mrs Jacqueline Ryan
Person in Charge of the Home at the Time of Inspection: Mrs Jacqueline Ryan	Date Manager Registered: 13 January 2009
Categories of Care: RC-I, RC-PH, RC-PH(E), RC-DE	Number of Registered Places: 5 The home is also registered to provide 3 day care places.

Number of Residents Accommodated on Day of Inspection: 5	Weekly Tariff at Time of Inspection: £470
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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: The returned care Quality Improvement Plan, and the accidents and incidents register.

During the inspection we met with five residents, one day care user, and two care staff.

We inspected the following records:

- Three Care records
- Relevant policies and procedures
- Staff training records
- Fire Safety Risk Assessment
- Incident Register
- Complaints

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 22 December 2014. 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 Statutory Requirements		Validation of Compliance
Requirement 1 Ref: Regulation 19 (1) (a)	The registered manager must ensure residents assessment of needs and associated care plan is kept up to date and reflect residents changing needs.	Met
	Action taken as confirmed during the inspection: We inspected three care records these contained up to date assessments and care reviews.	
Previous Inspection Statutory Requirements		Validation of Compliance
Requirement 2 Ref: Regulation 14. (5)	The registered manager must ensure the following; <ul style="list-style-type: none"> • individual risk assessments are completed regarding the use of the key pad system at the entrances to the home • the risk assessment should consider the individual needs and preferences of residents • if the key pad system remains its use should be stated in the homes Statement of Purpose • an updated statement of purpose should be forwarded to the inspector with the return of the QIP. 	Met
	Action taken as confirmed during the inspection: We inspected three care records these included individual risk assessments regarding the use of the key pad system in the home. The homes Statement of Purpose had been updated accordingly.	

Previous Inspection Recommendations		Validation of Compliance
Recommendation 1 Ref: Standard 21.1	The homes policy and procedure on responding to resident's behaviour (2012) should be developed further to reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). The policy and procedure should include the need for Trust involvement in managing behaviours which challenge.	Met
	Action taken as confirmed during the inspection: The policy and procedure on responding to resident's behaviour had been updated to reflect relevant guidance.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 2 Ref: Standard 13.1	A recommendation is made that individual activity assessments are completed for each resident to reflect their preferred interests and hobbies.	Met
	Action taken as confirmed during the inspection: Individual activity assessments were completed in each of the three records inspected.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 3 Ref: Standard 13.4	A recommendation is made that the activities display is replaced with a clear visual presentation using pictorial information and larger print this should also include relevant orientation information for residents.	Partially Met
	Action taken as confirmed during the inspection: The activities display had been repositioned and included more written information; however this should include pictorial information and larger print for residents. The registered manager showed us a new display board which had been purchased for the home.	

	This recommendation has been restated in the QIP for a second time.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 4 Ref: Standard 13.5	A recommendation is made that additional practical resources should be made available for residents on the basis of information received from residents following completion of activity assessments.	Met
	Action taken as confirmed during the inspection: We observed a range of activity resources for residents to use including board games, arts and crafts materials, and books.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 5 Ref: Standard 13.9	A recommendation is made that the record of activities maintained should be more detailed to include the duration of the activity, the name of the person leading the activity and the residents who had participated in or observed the activity.	Met
	Action taken as confirmed during the inspection: We reviewed a range of activity records these contained relevant information.	
Previous Inspection Recommendations		Validation of Compliance
Recommendation 6 Ref: Standard 8.6	A recommendation is made that all residents' records contain a recent photograph of the resident.	Met
	Action taken as confirmed during the inspection: Photographs were included in the three care records inspected.	

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

Is care safe? (Quality of life)

To date the home has not experienced the death of a resident. Bearing this in mind we discussed with the registered manager and the two staff members the procedures in place should this matter arise. The registered manager confirmed residents could spend their final days of life in the home unless there was a documented health care need to prevent this.

The registered manager and staff recognised the need for appropriate care and support for residents and their families at this time. The registered manager and staff were aware of the need to liaise with members of the multidisciplinary team including the residents' general practitioner and the district nursing service. The registered manager and staff were also aware of the need to monitor the residents' condition closely, share this information with professionals, and to support relatives. In our discussions with staff they confirmed that assessments and care plans would be updated accordingly when the residents' care needs change. Records would be maintained to reflect any changes in the residents' condition.

We inspected three care records which demonstrated that resident's needs were reviewed on a regular basis. Care reviews were up to date for the identified residents.

Is care effective? (Quality of management)

The home had a policy in place regarding dying and death. We made a recommendation that this policy should be developed to reflect current best practice.

We inspected three care records one of these contained information regarding what to do in the event of the residents' death. We discussed with the registered manager the benefit of obtaining the recorded wishes of residents regarding any specific arrangements at the time of their death. We made a recommendation that this issue should be clarified for all residents through a process of consultation.

The registered manager confirmed that the deceased's belongings would be handled with care and respect. Staff members we spoke with were aware of the need to respect resident's personal property and to provide families with the time they may need following the death of a resident before approaching this issue.

Is care compassionate? (Quality of care)

In our discussions with the registered manager and staff they confirmed that the needs of the dying resident would be met with a strong focus on dignity and respect. Information would be communicated sensitively to family members who would be given privacy and time to spend with their loved one.

The registered manager confirmed that following the death of a resident other residents would be informed in a sensitive manner. Residents and staff would have the opportunity to pay their respects and would be provided with support if needed. Staff confirmed that there was a supportive ethos with the management of the home.

Areas for improvement

There were two areas of improvement identified for this standard. Overall this standard was assessed to be safe, effective and compassionate.

Number of requirements:	0	Number of recommendations:	2
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5.4 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. Care records showed that one resident required support in relation to a specific programme of continence management and support.

The registered manager confirmed to us that input is sought from the district nursing service regarding continence management. We inspected three care records, these reflected individualised assessments and plans of care. The registered manager informed us that the district nursing service visits the home on a regular basis to provide care. Records available confirmed this.

We made one recommendation that staff should complete training in relation to continence management, this should include specific continence aids used in the home.

Is care effective? (Quality of management)

The home had a policy in place regarding the management of continence. Resident's individual needs were reviewed regularly. Identified issues of assessed need were raised and reported to the district nursing services for advice and support.

We observed adequate supplies of gloves, aprons, and hand washing dispensers throughout the home. No malodours were identified within 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 one area of improvement for this theme; overall this theme was assessed to be safe, effective and compassionate.

Number of requirements:	0	Number of recommendations:	1
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5.5 Additional areas examined

5.5.1 Residents views

We spoke with six residents including five permanent residents and one resident who would access day-care services. 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 provided from residents included:

- “I’m very happy here, they are all so good. I have no complaints”.
- “I am doing very well here”.
- “I like it; I like to get out and about”.

5.5.2 Relatives/representatives views

There were no visiting relatives/representatives available to meet with us during the inspection.

5.5.3 Staff views

We spoke with two staff members on duty. Both staff members spoke positively about their roles and duties, staff morale, teamwork and managerial support. Staff informed us they felt a good standard of care was provided and they had the necessary resources and skills. Two staff questionnaires were returned to RQIA following the inspection. The two completed questionnaires gave positive feedback in relation to the standard and theme reviewed.

5.5.4 Accident/Incident register

We reviewed the accident and incident register stored in the home. We noted that there had not been any accidents or incidents reported or recorded over a number of years. We noted from one residents care records inspected that they had sustained an injury the cause of which was unknown. The need to record this type of information on the accident/incident log was discussed with the registered manager. The registered manager confirmed that this information should have been recorded and that she would address this issue with staff in the home.

5.5.5 Complaints

We reviewed complaints information; the registered manager confirmed to us no complaints were made between January 2014 and March 2015.

5.5.6 General environment

The registered manager confirmed that the main living area of the home was due to be repainted this had been arranged prior to the inspection. We noted that a number of chairs in the main living/dining area were badly soiled with food and drink. We made a recommendation that these should be thoroughly cleaned and the registered manager should ensure there is a regular cleaning schedule in place for the furnishings in the home.

5.5.7 Fire safety

We inspected the homes fire safety risk assessment and training records. We noted that the fire safety risk assessment was due for review on 30 July 2015. The registered manager confirmed that this would be updated within the time period. Staff training records showed staff had last completed fire safety awareness training in July 2014. The need to ensure staff complete fire safety training at least twice yearly was discussed with the registered manager. We made a recommendation in this regard.

Areas for improvement

We identified two areas of improvement within the additional areas examined.

Number of Requirements:	0	Number of Recommendations:	2
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6. Quality Improvement Plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Mrs Jacqueline Ryan 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	
<p>Recommendation 1</p> <p>Ref: Standard 21.1</p> <p>Stated: First time</p> <p>To be Completed by: 10 September 2015</p>	<p>The registered manager should ensure that the homes policy on dying and death should be developed to reflect current best practice.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: The Homes Policy on dying and death has been revised and developed to reflect correct practice.</p>
<p>Recommendation 2</p> <p>Ref: Standard 14.5</p> <p>Stated: First time</p> <p>To be Completed by: 10 September 2015</p>	<p>The registered manager should ensure that the recorded wishes of residents in the event of their death are gathered through a process of consultation.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Recorded wishes of the residents regarding their death has been review and developed.</p>
<p>Recommendation 3</p> <p>Ref: Standard 9.2</p> <p>Stated: First time</p> <p>To be Completed by: 10 September 2015</p>	<p>The registered manager should ensure that staff complete training in relation to continence management, this should include training in the use of specific continence aids.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: Training has now been completed in relation to continence management in the use of specific continence aids.</p>
<p>Recommendation 4</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be Completed by: From the date of the inspection and ongoing.</p>	<p>The registered manager should ensure that the chairs in the living/dining area are thoroughly cleaned and that there is a system in place to ensure furnishings are cleaned on a regular basis.</p> <p>Response by Registered Person(s) Detailing the Actions Taken: All staff have been informed of the chairs in the home being cleaned on a regular basis, task sheets are now in place.</p>

Recommendation 5 Ref: Standard 29.4 Stated: First time To be Completed by: 30 July 2015	The registered manager should ensure that staff complete training in fire safety awareness at least twice every year.		
	Response by Registered Person(s) Detailing the Actions Taken: Fire training has been revised and will be completed twice yearly.		
Recommendation 6 Ref: Standard 13.4 Stated: Second time To be Completed by: 13 August 2015	A recommendation is made that the activities display is replaced with a clear visual presentation using pictorial information and larger print this should also include relevant orientation information for residents.		
	Response by Registered Person(s) Detailing the Actions Taken: A clear visual presentation is now in place using pictorial informatioun and large print for information to residents.		
Registered Manager Completing QIP	Jacqueline Ryan	Date Completed	21/8/15
Registered Person Approving QIP	Jacqueline Ryan	Date Approved	21/8/15
RQIA Inspector Assessing Response	Bronagh Duggan	Date Approved	25/8/15

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