



The **Regulation** and  
**Quality Improvement**  
Authority

Inspector: Bronagh Duggan  
Inspection ID: IN022346

Guardian Residential Home  
RQIA ID: 10736  
28 Moor Road  
Coalisland  
Dungannon  
BT71 4QB  
Tel: 028 8774 6361  
Email: [guardiancentre@btconnect.com](mailto:guardiancentre@btconnect.com)

---

**Unannounced Care Inspection  
of  
Guardian Residential Home**

**5 January 2016**

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](http://www.rqia.org.uk)

## 1. Summary of inspection

An unannounced care inspection took place on 5 January 2016 from 11.30 to 16.00. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. Two areas of improvement were identified during the inspection. A recommendation was made in relation to the standard inspected. This related to formally seeking the views and opinions of residents and their representatives at least once a year. The standard we inspected was assessed as being met. One further recommendation was made to ensure the care plan for an identified resident should be made more specific in relation to managing the identified condition.

Areas for improvement identified 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, and The DHSSPS Residential Care Homes Minimum Standards (2011).

### 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
<b>Total number of requirements and recommendations made at this inspection</b>	0	2

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

## 2. Service details

<b>Registered Organisation/Registered Person:</b> Guardian Day Care and Residential Care/ Mrs Jacqueline Ryan	<b>Registered Manager:</b> Mrs Jacqueline Ryan
<b>Person in charge of the home at the time of inspection:</b> Mrs Jacqueline Ryan	<b>Date manager registered:</b> 13 January 2009

<b>Categories of care:</b> RC-I, RC-PH, RC-PH(E), RC-DE	<b>Number of registered places:</b> 5  The home is also registered to provide 3 day care places.
<b>Number of residents accommodated on day of inspection:</b> 4	<b>Weekly tariff at time of inspection:</b> £470 per week

### 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 1: Residents' views and comments shape the quality of services and facilities provided by the home.**

### 4. Methods/processes

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

During the inspection we met with four residents, three day care users, two care staff and the registered manager. There were no visitors/representatives to the home during the inspection.

The following records were examined during the inspection: three care records, staff training records, minutes of residents meetings, relevant policies and procedures, the most recent annual quality review report, accident and incident records and the home's fire safety risk assessment

### 5. The inspection

#### 5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced pharmacy inspection dated 3 August 2015. The completed QIP was returned and approved by the pharmacy inspector.

## 5.2 Review of requirements and recommendations from the last care inspection on 2 July 2015.

Previous Inspection Recommendations		Validation of compliance
<b>Recommendation 1</b> Ref: Standard 21.1	The registered manager should ensure that the homes policy on dying and death should be developed to reflect current best practice.	Met
	<b>Action taken as confirmed during the inspection:</b> We inspected the home's policy on dying and death this was updated accordingly.	
<b>Recommendation 2</b> Ref: Standard 14.5	The registered manager should ensure that the recorded wishes of residents in the event of their death are gathered through a process of consultation.	Met
	<b>Action taken as confirmed during the inspection:</b> We inspected three care records, these contained specific information/wishes in the event of the residents' death.	
<b>Recommendation 3</b> Ref: Standard 9.2	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.	Met
	<b>Action taken as confirmed during the inspection:</b> Discussion with the registered manager and inspection of training records confirmed that staff had completed training in continence management.	
<b>Recommendation 4</b> Ref: Standard 27.1	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.	Met
	<b>Action taken as confirmed during the inspection:</b> We inspected the chairs in the living/dining area these were found to be clean. The registered manager confirmed these are cleaned on a regular basis.	

<b>Recommendation 5</b> <b>Ref:</b> Standard 29.4	The registered manager should ensure that staff complete training in fire safety awareness at least twice every year.  <b>Action taken as confirmed during the inspection:</b>  Discussion with the registered manager and inspection of staff training records confirmed that staff complete fire safety training twice every year.	Met
<b>Recommendation 6</b> <b>Ref:</b> 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.  <b>Action taken as confirmed during the inspection:</b> We viewed an improved activities display in the home which included relevant orientation information.	Met

### 5.3 Standard 1: Residents' views and comments shape the quality of services and facilities provided by the home.

#### Is care safe? (Quality of life)

In our discussions with the registered manager and staff members on duty they confirmed that individual choices, preferences, or issues of concern identified by residents are listened to and readily acted on. We inspected three care records. These records included up to date needs assessments, risk assessments and care plans. These were kept under continual review to reflect the needs and preferences of residents.

Staff demonstrated to us that they were aware of the values of independence, choice and consent. Staff were aware of the need to consistently demonstrate these values to underpin the practice of the home.

#### Is care effective? (Quality of management)

In our discussions with the registered manager and staff they confirmed that residents are consulted on a daily basis in regards to menu choices, activities, and any other preferences they may have included for example hair styling and newspapers to read. We viewed menu records maintained in the home, staff confirmed residents input is sought on a daily basis.

We inspected the minutes of residents meetings/discussions. These are held on a weekly basis. Staff confirmed these provided a good opportunity for residents to come together as a group and share their views with staff. We discussed with the registered manager the benefits of having standing items on the meeting's agenda to continually gather residents' feedback on

areas of interest. The registered manager confirmed she would share this information with staff who chair the meetings.

The home had a policy in place regarding residents' involvement in activities and events and a policy regarding residents' views and comments shaping the service. Information was available for staff titled, "Principles of good attitude and behaviour". These records outlined the principles of care to be demonstrated in the home including dignity, respect, compassion, approachability. In our discussions and observations of staff they demonstrated these principles when supporting residents in the home.

We requested from the registered manager evidence of formally gathering the views and opinions from residents about the running of the home. The registered manager provided an Annual Quality Review Report which related to 2013-14. We made a recommendation that the views and opinions of residents and their representatives should be sought formally at least once a year, with a report compiled from the information gathered. This report should reflect the comments made, issues raised and any actions to be taken for improvement. A copy of the report should be provided to residents and their representatives.

We discussed with the registered manager the usefulness of introducing a suggestion box within the home to enable residents and representatives to offer ideas or shape the service provided by the home.

The registered manager and staff confirmed that residents and their representatives would be informed about any planned inspections to the home and would be encouraged to share their views and experiences with the inspectors.

### **Is care compassionate? (Quality of care)**

In our discussions with the registered manager and staff they confirmed that residents' individual needs and preferences were at the centre of care provision in the home.

From our observations of care practices and interactions between residents and staff we found residents were treated with dignity and respect. Residents appeared comfortable and relaxed; interactions were observed to be warm and friendly.

### **Areas for improvement**

We identified one area of improvement for the standard inspected. This related to the gathering of views and opinions of residents and their representatives and compiling an annual report from this information. A copy of the report should be provided to residents and their representatives.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	1
--------------------------------	---	-----------------------------------	---

## **5.4 Additional areas examined**

### **Residents' views**

We spoke with four residents and three day care users. 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 received from residents included:

- “Everyone is very kind, I’m happy. The food is very good.”
- “It is comfortable and friendly, it is nice to have company.”
- “I like it here; I come one day a week I like to look after the TV.”
- “I enjoy coming here, everyone is very good.”

## **Staff views**

We spoke with two care staff and the registered manager. Staff confirmed that they were supported in their respective duties and were provided with relevant training and resources to undertake their duties.

### **5.4.4 General Environment**

We found the home was clean and tidy with no malodours present. The decor and furnishings were of a satisfactory standard.

### **5.4.5 Fire Safety**

The homes fire safety risk assessment had been updated in July 2015. Staff had completed fire safety training including a fire drill in July 2015. The registered manager confirmed a second fire safety training session was booked for January 2016.

### **5.4.6 Accidents and incidents**

We reviewed the accident and incident notifications since the previous inspection; these had been reported and managed appropriately.

### **5.4.7 Compliments and complaints**

We viewed compliment and thank you cards given to the home. We also reviewed the complaint records available in the home. No complaints had been made from the previous inspection.

### **5.4.8 Care Plan**

We noted from the care plan of one resident that they experienced a particular condition. We made a recommendation that the care plan for the identified resident should be made more specific in relation to managing the identified condition.

## **Areas for improvement**

We identified one area of improvement from the additional areas examined, this related to the care plan being made more specific in relation to managing an identified condition.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	1
--------------------------------	---	-----------------------------------	---

## 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, registered manager, 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 and The 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 in this report do not absolve the registered provider/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 provider/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.



## Quality Improvement Plan

Recommendations			
<b>Recommendation 1</b>  <b>Ref:</b> Standard 1.6  <b>Stated:</b> First time  <b>To be completed by:</b> 5 March 2015	<p>The registered manager should ensure that the views and opinions of residents and their representatives are sought formally at least once a year, with a report compiled from the information gathered, to reflect the comments made, issues raised and any actions to be taken for improvement. A copy of the report should be provided to residents and their representatives.</p>		
	<p><b>Response by Registered Person(s) detailing the actions taken:</b>            The views and opinions of residents and representatives are sought formally at least once per year and a report compiled. Actions taken for improvement and a copy provided to the residents and their representatives.</p>		
<b>Recommendation 2</b>  <b>Ref:</b> Standard 6.2  <b>Stated:</b> First time  <b>To be completed by:</b> 5 February 2015	<p>The registered manager should ensure that the care plan for the identified resident should be made more specific in relation to managing the identified condition.</p>		
	<p><b>Response by Registered Person(s) detailing the actions taken:</b>            Care plan has been reviewed and made more specific in relation to managing the identified condition.</p>		
<b>Registered Manager completing QIP</b>	<b>Jackie Ryan</b>	<b>Date completed</b>	<b>23/2/16</b>
<b>Registered Person approving QIP</b>	Jackie Ryan	<b>Date approved</b>	23/2/16
<b>RQIA Inspector assessing response</b>	Bronagh Duggan	<b>Date approved</b>	23/2/16

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**