



Unannounced Care Inspection Report 12 August 2019



Giboney House

Type of Service: Residential Care Home

**Address: Hughes Court, Mount Merrion Avenue, Belfast
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Inspectors: Bronagh Duggan and Gavin Doherty

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 15 residents within the categories of care as outlined in Section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Clanmil Housing Association Responsible Individual: Clare Imogen McCarty	Registered Manager and date registered: Danielle Dawson (registration pending)
Person in charge at the time of inspection: Danielle Dawson	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.
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	Total number of residents in the residential care home on the day of this inspection: 15

4.0 Inspection summary

An unannounced care inspection took place on 12 August 2019 from 10.15 hours to 17.15 hours and estates follow-up on 22 August 2019 from 14:30 hours to 15:15 hours.

This inspection was undertaken by the care and estates inspectors.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and 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 staffing, staff induction, gathering views of residents, the culture and ethos of the home and maintaining good working relations.

Areas requiring improvement were identified in relation to the homes environment and fire safety training for staff. One area for improvement was identified from the estates inspection with regards to the proposed first floor breakout area.

Residents described living in the home as being a good experience. Residents were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from residents and staff during the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	3

Details of the Quality Improvement Plan (QIP) were discussed with Danielle Dawson, manager, as part of the inspection process. 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 inspection dated 30 January 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 30 January 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous inspection findings including registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. Eight completed questionnaires were returned within the timescale from residents and representatives responses overall were satisfied or very satisfied with the care provided.

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

- staff duty rotas from 5 August 2019 to 18 August 2019
- staff training schedule and training records
- sample of competency and capability assessments
- one staff induction record
- three residents' records of care
- minutes of staff meetings

- minutes of resident meetings
- complaint records
- compliment records
- a sample of governance audits/records
- accident/incident records from February 2019 to July 2019
- a sample of reports of visits by the registered provider from May – July 2019
- RQIA registration certificate

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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 last care inspection dated 30 January 2019

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 16.(2) (b) Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: The manager advised the care plan including risk assessments had been updated for the identified resident; however the resident was no longer accommodated at the home therefore the care record was not reviewed.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 20.10 Stated: First time	The registered person shall ensure a robust and up to date system to monitor staff registration with NISCC is in place.	Met
	Action taken as confirmed during the inspection: Discussion with the manager and review of information in the home showed there was a	

	system in place to monitor staff registration with NISCC. The manager advised checks were completed on a monthly basis.	
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6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

On arrival we observed the home was comfortably heated and welcoming. All residents appeared well cared for, appropriately dressed, with obvious time and attention afforded to personal care needs. Some residents sat within the lounge watching TV, others were relaxing in their bedrooms.

The manager explained that staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staff numbers would be adjusted when needed. The manager advised staffing levels had been increased during the afternoon/ evening periods. Discussions with staff confirmed the increased staffing levels had a positive impact; no concerns were raised by residents or staff regarding staffing levels in the home. Residents spoken with confirmed staff were available to help when needed. The staff duty roster reviewed reflected staff on duty over the 24 hour period.

The manager confirmed competency and capability assessments were in place for staff in charge of the home in the manager's absence. A sample of assessments was viewed and found to be satisfactory.

The manager advised recruitment records were stored at the organisations human resources department and were therefore not available for inspection. One induction record was viewed during the inspection; the manager advised an induction was completed by all new staff members appropriate to their role.

The manager explained that all care staff were registered with the Northern Ireland Social Care Council (NISCC) and that registrations were tracked and regularly reviewed. The tracking of NISCC registration was included within the manager's monthly audit check.

Staff spoken with said they received good support from the manager who was described as being "very approachable". Staff confirmed they also received regular supervision and appraisal. Information available in the home showed supervision had most recently been completed for staff in July 2019. The benefit of implementing a schedule to reflect supervision and appraisal information was discussed with the manager.

Staff training schedules reviewed evidenced that mandatory training was being provided for staff and maintained on an up to date basis.

The manager outlined the arrangements for the adult safeguarding champion and appointed person for the home. Staff training in adult safeguarding was included within mandatory

training records and staff were able to correctly describe what action they would take if they suspected or witnessed any form of abuse.

Accident and incident records were reviewed. The measures in place to minimise the risk of falls included, for example, fall risk assessments and referral to trust occupational therapist regarding the provision of various aids and appliances to aid mobility as needed. The Falls Prevention Toolkit was discussed with the manager; the benefit of using this or a similar tool to ensure best practice with regard to falls management in the home was discussed.

An inspection of the home was undertaken. Residents' bedrooms were found to be personalised with items of memorabilia and special interests displayed. All areas within the home were observed to be comfortably heated, odour free and clean. It was noted the carpet in the main living area and hallways was badly stained in parts and worn; in addition it was noted that lights in the dining area were missing appropriate covers / shades. An area for improvement was identified to comply with the standards.

During the inspection the manger advised of works to be completed on the passenger lift in the home and the temporary arrangements which included the installation of a stair lift during the planned works period. In addition, the manager shared plans to make use of an open space on the first floor, to provide a communal area for residents. This information was shared with RQIA estates inspector who visited the home on 22 August 2019. Comments regarding the estates visit are included in Section 6.6 of this report.

We observed a good supply of disposable gloves, aprons and liquid hand soap throughout the home. Staff were observed washing their hands following practical assistance with residents. Review of training records showed staff completed training in infection prevention and control (IPC). Discussion with staff confirmed they were aware of procedures to reduce or minimise the risk of infection, the importance of handwashing, and outlined cleaning arrangements in the home in relation to various touch points.

Walkways throughout the home were kept clear, review of staff training records showed staff had last completed fire safety training in June 2018. The need to ensure all staff complete fire safety training at least twice annually was discussed with the manager. This was identified as an area for improvement to comply with the standards.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, induction, supervision and appraisal, adult safeguarding.

Areas for improvement

Two areas for improvement were identified in relation to the home's environment, and fire safety training for staff.

	Regulations	Standards
Total numb of areas for improvement	0	2

6.4 Is care effective?

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

We could see that the residents were getting the right care and that the staff responded to residents well. Staff were able to describe the individual care needs of residents and how these needs were met in the home. Staff also reported that there was good communication between staff for the benefit of residents and there was good team work.

There was evidence within three residents' care records reviewed that risk assessments were completed and reviewed on a regular basis. Risk assessments had been completed on falls management. The manager advised work was ongoing regarding the review of care plans for all residents in the home to ensure a greater level of person centeredness. A sample of three care records was reviewed. These were found to contain relevant information regarding how best to support the residents; information included within the care plans, for example, included the residents' preferred rising and retiring times, also if they wished for night checks to be completed.

Records showed residents were weighed upon admission to the home, and on a monthly basis thereafter or more frequently if needed. Review of a sample of one care record showed that speech and language therapist (SALT) guidance was included within the residents care plan; the information was also shared for staff in the kitchen to easily access. Residents spoken with confirmed they were generally happy with the food provided, however one resident shared they thought there could be a greater variety. This information was shared with the manager who advised she would review the menus in the home and take on board the views of residents also. Review of minutes of residents meetings showed menus were a topic of discussion.

Regarding the dining experience we could see that the dining room was warm, clean and bright. There was a menu on display; the menu rotated on a three weekly basis. We could see that the portion sizes were good and there was a variety of cold drinks available. The lunch service was relaxed but well organised. The residents said that they enjoyed the food in the home. Drinks and snacks were observed as being served during the day. Comments from residents included:

- "If I didn't like something they (staff) will offer me something else, make me up something I like. Couldn't ask for a better place."

There was good evidence of effective team work staff confirmed they were kept up to date with any changes and the team worked well together within the home. Staff demonstrated good knowledge of residents care needs and confirmed that all residents' care needs were being met. Review of staff meeting minutes showed that the last meeting was held June 2019; actions were included, and staff also advised they were kept up to date regarding any changes during handovers at the beginning of each shift.

The manager explained review of residents' progress was ongoing and there were regular updates provided to staff from visiting professionals, including occupational therapists and district nurses.

Staff spoken with confirmed they were aware of their roles and responsibilities within the team. Staff confirmed that if they had any concerns, they could raise these with the manager. Staff commented that the home's manager was "very approachable".

Areas of good practice

There were examples of good practice found throughout the inspection in relation to record keeping, reviews and communication between residents, staff and other key stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 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.

We could see that the interactions between staff and residents were positive. There was a pleasant atmosphere throughout the home, with residents interacting easily with staff. Residents appeared relaxed, content and confident with staff; staff were attentive and residents were able to express their needs, which were promptly responded to by staff.

Throughout the inspection staff interactions with residents were observed to be compassionate, with knowledge of residents' preferences and assessed needs. There was a pleasant happy atmosphere within the home, with residents conversing with staff and each other in a relaxed manner.

Residents spoke openly with us; they appeared relaxed and content. Staff were observed to respond promptly to their requests for assistance.

This was evidenced from observations of staff interactions with residents, responses from residents about the care received and from completed questionnaire responses received from the inspection.

Residents' preferences and interests were reflected within care records and staff demonstrated good awareness and understanding of residents' likes and dislikes. Care records reviewed outlined residents' preferred activities and daily routines. Staff said that these were flexible and that resident choice was always a priority.

Staff described how they aim to promote residents' independence, for example by way of encouragement, to help residents maintain their independence as best as possible. Comments from residents included:

- "I am very happy here, staff couldn't be kinder, no complaints from me. It couldn't be better, it really couldn't."
- "I'm happy enough, the staff are kind, sometimes seem very busy. They work hard."
- "They (staff) are all very good. It's a nice place."
- "It's brilliant, couldn't ask for any better, the girls are great."

Activities such as arts, crafts, church representative's visits, were available for residents. Staff explained how there is a regular baking club, and plans in place to start a knitting club for residents. Residents are also given the opportunity to access events at a local resource centre. Discussions with residents confirmed they liked to access the home's recently improved enclosed garden area. This was viewed during the inspection and was found to be a nice, bright and welcoming place to visit, furnished with outdoors tables and chairs, garden benches and various decorations.

Eight completed questionnaires were returned from residents and / or their representatives within the identified timescale. All responses showed that staff were either satisfied or very satisfied with the care provided.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, dignity and privacy, and listening to and valuing residents and their representatives.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 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 certificate of registration issued by RQIA was appropriately displayed in the foyer of the home. The certificate identifies the management arrangements for the home and the maximum number of residents allowed to be accommodated in the home. Discussion with the manager and staff, and observations confirmed that the home was operating within its registered categories of care.

The manager explained that she is supported in her role by senior carers, carers and ancillary team of staff and that the assessed needs of residents were met in accordance with the home's statement of purpose, legislation and best practice guidance. Staff confirmed that the manager was 'very approachable' and "supportive" to staff.

The manager remained on duty throughout the inspection. Staff we spoke with demonstrated good understanding of their roles and responsibilities.

The home retains a wide range of policies and procedures in place to guide and inform staff.

The manager explained that she completed a quality performance report on a monthly basis, part of which involved reviewing accidents and incidents, medications, supervision of staff and

care plans. Additional management oversight and quality assurance was undertaken by way of the monthly monitoring visits undertaken by the registered provider's representative. Review of reports for May to July 2019 confirmed compliance with Regulation 29 of The Residential Care homes Regulations (Northern Ireland) 2005 and Minimum Care Standards. The reports included action plans to address areas for improvement and were followed up on a monthly basis.

The home had a complaints policy and procedure in place. A copy was displayed in a central part of the home. Review of complaints records showed the outcome of the investigation and the complainants' level of satisfaction. Residents told us they would not hesitate to complain if they were unsatisfied with their care.

Discussion with staff confirmed that there were good working relationships and that management were supportive and responsive to any suggestions or concerns raised.

Assessment of premises

The premises were found to be decorated to an acceptable standard and suitable heating levels were being maintained throughout the home. The area at the first floor end stairwell was viewed and it was agreed that this would be a suitable area to have a small breakout space for residents to sit. This should be discussed with the home's fire risk assessor to ensure that any fire loading is kept to a minimum. The window in this area should be restricted to a safe point of opening of no more than 100mm by a means that cannot be overridden by residents.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

Areas for improvement

The following area was identified for improvement in relation to the estates inspection:

The fire risk assessment should be reviewed with respect to the proposed breakout space at the first floor end stairwell. A suitable window restrictor should be installed to the window opening in this area.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Danielle Dawson, manager, as part of the inspection process. 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 DHSSPS Residential Care Homes Minimum Standards, August 2011

<p>Area for improvement 1</p> <p>Ref: Standard 27.1</p> <p>Stated: First time</p> <p>To be completed by: 12 November 2019</p>	<p>The registered person shall ensure environmental improvements are made regarding:</p> <ul style="list-style-type: none"> • The carpet in the main living area and hallways. • The lights in the dining area, ensuring they have appropriate covers/shades. <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Carpets within the main lounge and hallways are scheduled to be steam cleaned. New light fittings have been ordered for the dining area.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 29.4</p> <p>Stated: First time</p> <p>To be completed by: 12 October 2019</p>	<p>The registered person shall ensure all staff complete fire safety training at least twice per annum.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: The Association provides Fire Training via E Learning, within the first week of employment. Classroom based training takes place within the first 6 months of employment, provided by a competent, external provider, with refresher training provided every three years. Site specific training is held twice per annum and is delivered by the Home Manager. E- Learning refresher training has now been increased to annually and the frequency of classroom based training and who provides that training is now under review.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 28.1</p> <p>Stated: First time</p> <p>To be completed by: 12 November 2019</p>	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> • The fire risk assessment is reviewed with respect to the proposed breakout space at the first floor end stairwell. • A suitable window restrictor should be installed to the window opening in this area. <p>Ref: 6.6</p>
	<p>Response by registered person detailing the actions taken: The FRA for the home was on 24 October with the Fire Risk Assessor and the Home Manager in respect of the breakout space. A window restrictor has been installed to the window on 26 August 2019.</p>

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



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