

Inspection Report

22 February 2022



Giboney House

Type of service: Residential Care Home
Address: Hughes Court, Mount Merrion Avenue, Belfast, BT6 0LX
Telephone number: 028 9049 2527

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Clanmil Housing Association	Registered Manager: Miss Danielle Dawson
Responsible Individual: Ms Clare Imogen McCarty	Date registered: 10 October 2019
Person in charge at the time of inspection: Miss Danielle Dawson - manager	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.	Number of residents accommodated in the residential care home on the day of this inspection: 11
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 15 residents. The residents' bedrooms are located over two floors and residents have access to a communal lounge, dining area and also outdoor space.	

2.0 Inspection summary

An unannounced inspection took place on 22 February 2022 from 9.15 am to 5.00 pm by a care inspector.

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.

It was evident that staff promoted the dignity and that the well-being of residents was important. Staff were observed taking action to ensure residents were well looked after.

It was established that staff were knowledgeable and trained to deliver safe and effective care and provided care in a compassionate manner.

Areas requiring improvement were identified and are included in the Quality Improvement Plan in section 7.0.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA were assured that the delivery of care and service provided in Giboney House was safe, effective, and compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services.

The findings of this report will provide the Manager with the necessary information to improve staff practice and the residents' experience.

3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Danielle Dawson, Manager, at the conclusion of the inspection.

4.0 What people told us about the service

Four residents were spoken with; they told us they were happy in Giboney House and there was enough staff to look after them. Residents said staff were friendly and they enjoyed their meals.

Four staff told us they were happy working in Giboney House. One staff member spoken with discussed staffing levels in the home particularly in the evening time. This was discussed with the manager and she advised that staffing levels were under review.

We did not receive any completed resident or relative questionnaires and no responses were received from the online staff survey.

A record of compliments received about the home was kept and shared with the staff team.

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 24 February and 2 March 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27 Stated: First time	<p>The registered person shall ensure that the areas identified at this inspection in regards to the home's environment are addressed.</p> <p>Action taken as confirmed during the inspection: Areas identified during the last inspection were addressed.</p>	Met
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for Improvement 1 Ref: Standard 6 Stated: First time	<p>The registered person shall ensure that the care and recording of post head injury management is improved.</p> <p>Action taken as confirmed during the inspection: A review of records evidenced the recording of the post falls observations were not consistently recorded. This will be discussed further in section 5.2.2</p>	Partially met
Area for Improvement 2 Ref: Standard 6.2 Stated: First time	<p>The registered person shall ensure that the assessment, planning and monitoring of residents care is robust and care needs are accurately assessed and care planned accordingly. This is stated in respect of, but not limited to:</p> <ul style="list-style-type: none"> • up to date multi-disciplinary recommendations e.g. SLT • use of pressure relieving devices 	Carried forward to the next inspection

	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for Improvement 3 Ref: Standard 6.2 Stated: First time	The registered person shall ensure that the risk assessments are regularly reviewed and updated to reflect the residents' needs.	Met
	Action taken as confirmed during the inspection: A review of records evidenced that this area for improvement was met.	
Area for improvement 4 Ref: Standard 23.4 Stated: First time	The registered person shall ensure that staff receives appropriate training to accurately calculate and evaluate the residents MUST score.	Met
	Action taken as confirmed during the inspection: Whilst the manager reported that staff had received training deficits were identified in the completion of the MUST tool. This area for improvement as stated was met however, a further area for improvement was made in relation to the completion of the MUST tool. Refer to section 5.2.2 for further information.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment; the Manager told us recruitment was managed by Clanmil head office. There was a checklist in place to ensure the Manager had oversight of the recruitment of new staff however the checklist did not fully evidence that all necessary pre-employment checks had been completed such as gaps in previous employment and reasons for leaving previous employment. This was discussed with the Manager and an area for improvement was identified.

Systems were in place to ensure staff were appropriately registered with the Northern Ireland Social Care Council (NISCC) and their registration was live.

There were systems in place to ensure staff were trained and supported to do their job. A review of training records identified that not all staff had completed their mandatory training in subjects such as first aid, infection prevention and control and adult safeguarding. Staff told us they had received training in deprivation of liberty safeguards (DoLS) but some staff were unsure of their roles and responsibilities in this area. The completion of training was discussed with the Manager and an area for improvement was identified.

Staff said there was good team work and they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example, spending time in the lounge, their bedrooms or taking part in activities.

It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

On arrival at the home the morning routine was well under way. The majority of residents had their breakfast and were socialising in the lounge or spending time in their bedrooms.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who were new to the home and settling in to their new surroundings. Staff were respectful, understanding and sensitive to residents' needs. Staff took time to sit with residents and chat to allow time for residents to make requests or ask for assistance.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of residents to socialise. The atmosphere was calm, relaxed and unhurried. Residents had the choice of having their meals served in the dining room, their bedroom or in a quiet area of the home. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was evidence that residents' needs in relation to nutrition and the dining experience were being met. Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet.

There was choice of meals offered; the food was home cooked, attractively presented, smelled appetising, and portions were generous. There was a variety of drinks available. Residents were complimentary regarding the quality of the lunch time meal.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. Staff used the malnutrition universal screening tool (MUST) however some of these were not accurately recorded. The use of this tool was further discussed with the manager and an area for improvement was identified.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

The recording of care following a fall and post head injury management had been improved since the last inspection with new documentation having been developed. We noted there was some recording of supervision and checks post fall, however, this had not been consistently completed following all falls. This post falls protocol was discussed with the manager who agreed to take further advice from the Falls Prevention Team to further develop the post falls protocol. This area for improvement was not met and is stated for a second time.

5.2.3 Management of the Environment and Infection Prevention and Control

On arrival at the home residents were either having breakfast or spending time in communal areas of the home or their own bedrooms. Observation of the home's environment evidenced that while the home was tidy and warm a number of environmental issues required addressing including the storage of items in the cleaning room store and unoccupied bedrooms that required decluttering and deep cleaning. An area for improvement was identified.

There was a number of areas within the home that required painting and/or redecoration including a number of doors, bedrooms and corridors. The manager advised that they were aware of the need for redecoration and an area for improvement was identified.

On the first floor cleaning chemicals and nail varnish remover were not stored securely. This was discussed with the manager and an area for improvement was identified.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

An up to date fire risk assessment was in place and all required actions were completed. The fire exits were clear from obstacles to ensure residents, staff and visitors to the home were safe. However a bedroom door and a store room door were observed to be wedged open and a ceiling tile needed to be replaced. An area for improvement was identified.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Visiting arrangements were managed in line with DoH and IPC guidance. Visitors had their temperature checked and a health questionnaire completed on arrival at the home.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Could have visits with family/friends in their room.

Residents were encouraged to participate in regular resident meetings which provided an opportunity for residents to comment on aspects of the running of the home such as planning activities and menu choices. This was evident in the minutes of the residents meetings.

It was observed that staff offered choices to residents throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

There was a range of activities provided for residents by staff and included activities such as afternoon tea and one resident discussed a recent trip out of the home for a meal.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Miss Danielle Dawson has been the Manager in this home since 10 October 2019.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. We discussed the system of audits with the Manager and the need to further develop these audits to include an environmental audit and managerial oversight of the weight loss in the home. An area for improvement was identified.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

Residents said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well. There was evidence that the manager ensured that complaints were managed correctly and that good records were maintained.

Staff commented positively about the Manager, described her as supportive and approachable. Staff said they could go to the Manager if they had any issues which needed addressed.

A review of records evidenced there was no schedule in place for staff supervisions or appraisals. Arrangements for the supervision and appraisal were discussed and the Manager who told us she planned to develop this. Progress with this will be reviewed at the next inspection.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. A report of each visit was completed. The reports did not include any reference to a review of the environment or the improvements needed. The importance of including environmental issues in the monthly visit was discussed with the Manager who agreed to bring this to the attention of the registered provider. This will be reviewed at the next inspection.

6.0 Quality Improvement Plan/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 Residential Care Homes' Minimum Standards (August 2011).

	Regulations	Standards
Total number of Areas for Improvement	4	6*

* The total number of areas for improvement includes one that have been stated for a second time and one that is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Danielle Dawson, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
<p>Area for improvement 1</p> <p>Ref: Regulation 20 (1) (c) (i)</p> <p>Stated: First time</p> <p>To be completed by: 1 June 2022</p>	<p>The registered person shall ensure that all staff complete mandatory training and other training appropriate to the work they are to perform. .</p> <p>Ref: 5.2.1</p> <p>Response by registered person detailing the actions taken: Prior to the inspection, the Home Manager had already identified a number of colleagues who had some outstanding training and actions in place to rectify this and discussed at the time of inspection. This has now been completed and the training matrix has been updated.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2) (a)</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the day of inspection</p>	<p>The registered person shall ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure the residents are protected at all times from hazards to their health.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The cabinet in question, which stores beauty products for residents use, has had a lock fitted. Staff have also been briefed to ensure that these products are locked away in line with other chemicals within the home.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (4) (b)</p> <p>Stated: First time</p> <p>To be completed by: Ongoing from the day of inspection</p>	<p>The registered person shall take adequate precautions against the risk of fire to ensure the safety and wellbeing of residents. This is stated in specific reference but not limited to replacing the identified ceiling tile and ceasing of the propping open of doors.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Staff have been briefed as a reminder not to prop doors open. The ceiling tile in question had been moved to the site by a contractor to gain access and the Home Manager placed it back in position following the inspection and the maintenance technician inspected to ensure all was in order.</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 10 (1)</p> <p>Stated: First time</p> <p>To be completed by: 30 June 2022</p>	<p>The registered person shall review the current system of audits and develop them further to include weight loss and environmental audits; any deficits identified should be included in an action plan. This should be signed and dated when remedial action is taken.</p> <p>Ref: 5.2.5</p> <hr/> <p>Response by registered person detailing the actions taken: This action has been reviewed, consulting the Senior CReST practitioner and a revised format of audit has been developed and implemented.</p> <p>Environment audit has been updated to reflect feedback.</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 1 June 2021</p>	<p>The registered person shall ensure that the assessment, planning and monitoring of residents care is robust and care needs are accurately assessed and care planned accordingly. This is stated in respect of, but not limited to:</p> <ul style="list-style-type: none"> • up to date multi-disciplinary recommendations e.g. SLT • use of pressure relieving devices <p>Ref: 5.1</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6</p> <p>Stated: Second time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure that the care and recording of post head injury management is improved.</p> <p>Ref: 5.1 and 5.2.2</p> <hr/> <p>Response by registered person detailing the actions taken: A revised protocol for post head injury management has previously been implemented. In addition night staff have been briefed to ensure record keeping is accurate.</p>

<p>Area for improvement 3</p> <p>Ref: Standard 19</p> <p>Stated: First time</p> <p>To be completed by: 1 June 2022</p>	<p>The registered person shall review the pre-employment checklist to ensure all pre-employment checks are completed; this is stated in reference to the gaps and reasons for leaving in the candidate's previous employment.</p> <p>Ref:5.2.1</p> <p>Response by registered person detailing the actions taken: Pre employment checklist updated to reflect feedback.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 23.4</p> <p>Stated: First time</p> <p>To be completed by: 1 June 2022</p>	<p>The registered person shall review the use of the MUST tool to ensure it is accurately completed.</p> <p>Ref 5.2.2</p> <p>Response by registered person detailing the actions taken: This action has been reviewed, consulting the Senior CReST practitioner and a revised format of audit has been developed and implemented.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p> <p>To be completed by: 1 June 2022</p>	<p>The registered person shall review the following in regards to the homes environment;</p> <ul style="list-style-type: none"> • the storage of items on the floors of the cleaning store • ensure that the unoccupied bedrooms are decluttered and deep cleaned <p>Ref : 5.2.3</p> <p>Response by registered person detailing the actions taken: Items on the floor of the cleaning room have been raised. All rooms are deep cleaned prior to occupation and the room inspected was in the process of being turned around and items were being stored temporarily to facilitate an internal move.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: 1 June 2022</p>	<p>The registered person shall develop a time specific action plan for the areas requiring redecoration in the home and provide a copy to RQIA with the returned QIP.</p> <p>Ref: 5.2. 3</p> <p>Response by registered person detailing the actions taken: Action plan agreed and attached with QIP.</p>

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



The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

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