

Inspection Report

4 July 2023



Giboney House

Type of service: Residential Care Home

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Clanmil Housing Association Responsible Individual: Ms Clare Imogen McCarty	Registered Manager: Miss Danielle Dawson Date registered: 10 October 2019
Person in charge at the time of inspection: Tammy Forsythe, senior care assistant, 9.45am-11.30am Danielle Dawson, manager from 11.30am	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: 15
Brief description of the accommodation/how the service operates: Giboney House is a registered residential care home which provides health and social care for up to 15 residents. The residents' bedrooms all have ensuite facilities and are located over two floors. Residents have access to a communal lounge, dining area and also an outdoor garden area.	

2.0 Inspection summary

An unannounced inspection took place on 4 July 2023, from 9.45 am to 6 pm by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home during and 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.

The home had recently been decorated, it was warm and clean and had a homely, relaxed atmosphere. It was evident that staff promoted the dignity and well-being of residents; staff were observed spending time with residents, chatting to them in a respectful and pleasant manner.

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. Residents and their relatives confirmed that they would have no issue raising any concerns or complaints to staff. Specific comments received from residents, their relatives and other professionals are included in the main body of this report.

Staff were knowledgeable with regards to the residents' needs and preferences and were well trained to deliver safe and effective care. Staff provided care in a compassionate manner; they were respectful in all their interactions both with residents and each other.

Evidence of good practice was found in relation to care delivery and maintaining good working relationships with the wider Multi-Disciplinary Team (MDT).

New areas for improvement were identified with regards to, recruitment and selection, Infection Prevention and Control (IPC), the propping open of fire doors, Care of Substances Hazardous to Health (COSHH) Regulations, care plans and the facilitating of one-to one supervision.

It was observed that there was safe, effective and compassionate care delivered in the home and the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in Giboney House.

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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

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 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 Miss Danielle Dawson, Registered Manager at the conclusion of the inspection.

4.0 What people told us about the service

Residents told us that they were happy living in the home. Residents' comments included, "you don't want for anything," "it's lovely, could not be better," and "terrific, staff are civil and helpful." Residents who were unable to clearly verbally communicate indicated they were content through non-verbal body language such as smiling and nodding when asked if they were happy.

One resident's relative spoken with told us they had no concerns about the home, this relative indicated that they were very happy with the care given.

All staff spoken to said that they felt well supported in their roles within the home and were all encouraged to complete any training relevant to their roles and responsibilities.

Five questionnaires were returned from relatives indicating they were happy with the care that was provided in the home.

There was no formal record of compliments held within the home. Following discussion, the manager agreed that, moving forward, she will keep a record of all compliments and share these with her 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 April 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 10 (1) Stated: Second time	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.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 2	The registered person shall ensure that all staff wear surgical face masks in line with IPC guidance.	Met

Ref: Regulation 13 (7) Stated: First time	Action taken as confirmed during the inspection: This area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 6.2 Stated: Second time	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: <ul style="list-style-type: none"> • up to date multi-disciplinary recommendations e.g. SLT • use of pressure relieving devices 	Met
	Action taken as confirmed during the inspection: This area for improvement was met as stated.	
Area for improvement 2 Ref: Standard 23.4 Stated: Second time	The registered person shall review the use of the MUST tool to ensure it is accurately completed.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 3 Ref: Standard 27 Stated: First time	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.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 4 Ref: Standard 6.3 Stated: First time	The registered person shall ensure that the resident or their representative, where appropriate, signs the care plan along with the member of staff responsible for drawing it up and the registered manager. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.	Met
	Action taken as confirmed during the inspection:	

	This area for improvement was met.	
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5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. The manager told us staff are recruited through the company head office. A checklist was developed to provide the manager with assurances that all required recruitment checks were completed. Deficits were identified with regards to the completion of the checklist and managerial oversight of the recruitment processes. This was discussed with the manager during feedback and an area for improvement was identified.

There were systems in place to monitor staffs' professional registrations with the Northern Ireland Social Care Council (NISCC). Records in the home confirmed that staff were either registered with NISCC or in the process of registering.

There were systems in place to ensure staff were trained and supported to do their job.

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

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

The staff duty rota reflected the staff working in the home on a daily basis; however, the managers hours were incorrectly recorded on the duty rota, this was discussed with the manager who agreed to this, therefore an area for improvement was not identified at this time. This will be reviewed at the next inspection.

Residents and their relatives spoken to expressed no concerns regarding the staffing arrangements in the home.

5.2.2 Care Delivery and Record Keeping

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine, wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. For example, staff were observed spending time with residents, chatting to them throughout the day and responding to any requests for help.

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.

At times some residents may be required to use equipment that can be considered to be restrictive. For example, bed rails or alarm mats. It was established that safe systems were in place to manage this aspect of care. However, deficits were identified in the provision of bespoke one-to-one supervision. This was brought to the attention of the person in charge of the home at the time who immediately addressed this. The importance of providing care and services to residents in accordance with their assessed needs was discussed with the manager during feedback and an area for improvement was identified.

Some residents had been assessed as not having capacity to make certain decisions to maintain their safety. Deprivation of Liberty Safeguards (DoLS) records were in place and individual residents' care plans reflected this.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post falls review. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

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, music was playing, and the atmosphere was calm, relaxed and unhurried. 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.

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 attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. The menu for the day was on display and staff and residents confirmed that choices for meals were always offered.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain.

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 plans had not been regularly reviewed and or updated to ensure that they continued to meet the residents' needs. This was discussed with the manager throughout the inspection who assured us that she would put an action plan in place to audit and review all care records in the unit. An area for improvement was identified.

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.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. A record of the meeting, including any actions required, was provided to the home.

5.2.3 Management of the Environment and Infection Prevention and Control

The home was clean, tidy and well maintained. Residents' bedrooms were personalised with photographs and other items or memorabilia. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable.

Concerns were identified regarding the lack of effective management of risk to residents. The cleaning store and sluice rooms containing hazardous substances were unlocked. Various storage doors throughout the home with signage instructing staff to keep closed and locked were found to be open. This was discussed with the staff on duty and the manager during the inspection for immediate action. An area for improvement was identified.

The latest fire risk assessment was completed on 10 May 2023, all actions from this risk assessment have been signed off as being completed. However, fire doors in the home had been propped open with fire extinguishers. This was discussed with the manager both during and after the inspection, an area for improvement was identified.

There was evidence that systems and processes were in place to ensure the management of risks associated infectious diseases. For example, there was ample supply of personal protective equipment (PPE) within the home.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. However, on the day of the inspection, some staff were not bare below the elbows and were wearing watches and gel nail polish. This was discussed with the manager during feedback. An area for improvement was stated for a second time.

5.2.4 Quality of Life for Residents

Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices throughout the day.

There was a range of activities provided for residents by staff in the home. The range of activities included social, community, cultural, religious, spiritual and creative events. An activities file was available for viewing, activities included, reminiscence, morning coffee, word search, games and arm chair exercises.

Residents' relatives said they felt welcomed when they visited the home and confirmed that the communication between the home and themselves was very good.

5.2.5 Management and Governance Arrangements

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

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home's safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

Residents and relatives spoken with said that they knew how to report any concerns and said they were confident that the manager would address any concerns raised.

Review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and/or the quality of services provided by the home. This is good practice.

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 incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

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) (Version 1:1)**

	Regulations	Standards
Total number of Areas for Improvement	4	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Miss 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	
Area for improvement 1 Ref: Regulation 12 (1) (a) Stated: First time To be completed by: With immediate effect	<p>The registered person shall provide care and services to residents in accordance with statements of purpose, and shall ensure that the care, treatment, if necessary and other services provided to each resident meet his individual needs.</p> <p>Ref 5.2.2</p> <p>Response by registered person detailing the actions taken: Actions were been put in place to ensure the resident who received 1-1 care was not left alone. If the agency staff had to leave the resident for any reason, the agency staff had to ensure to notify the Senior Carer and then wait until a staff member was avialble to cover the 1-1 before leaving.</p>
Area for improvement 2 Ref: Regulation 13(7) Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that all staff employed in the home adheres to the guidance provided by the Northern Ireland Regional Infection Prevention and Control Manual. Specifically, that all staff remain bare below the elbows while on duty.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The staff have been advised to ensure watches and nail poilish is not worn when on shift.</p>
Area for improvement 3 Ref: Regulation 27 (4) (d) (i) Stated: First time To be completed by: From date of inspection	<p>The registered person shall ensure the practice of propping open of fire safety doors is ceased immediately.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: The staff have been reminded not to prop the fire door open even when taking in delieveries.</p>
Area for improvement 4 Ref: Regulation 14 (2) (a) Stated: First time	<p>The registered person shall ensure as far as reasonably practicable that all parts of the residential home to which residents have access are free from hazards to their safety. This includes, but is not limited to, cleaning stores, sluice rooms and storage cupboards.</p> <p>Ref: 5.2.3</p>

To be completed by: From date of inspection	<div></div>
	Response by registered person detailing the actions taken: Staff have been reminded to ensure all store doors are kept locked at all times.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 19.2 Stated: First time To be completed by: From date of inspection	The registered person shall put a system in place to ensure the checklist evidencing all pre-employment checks are completed, and is available for inspection. Ref 5.2.1 Response by registered person detailing the actions taken: Home manager will keep a record of the recruitment checklists and will ensure the checklist is completed.
Area for improvement 2 Ref: Standard 6.6 Stated: First time To be completed by: From date of inspection	The registered person shall ensure that all care plans are kept up-to-date and reflects the residents' current needs. Ref: 5.2.2 Response by registered person detailing the actions taken: Senior Carers have been reminded of the importance of ensuring the Care Plans are accurately updated as soon as there's a change to a residents care.

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



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