

Inspection Report

7 September 2022



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: 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: 15
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 7 September 2022, from 9.40am to 4.30pm 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.

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.

Staff were attentive to the residents needs and carried out their work in a compassionate manner. It was evident that staff were knowledgeable and well trained to deliver safe and effective care.

Two new areas requiring improvement were identified as a result of the inspection. One area for improvement under regulation was stated for a second time. Two areas for improvement under the standards were stated for a second time. One area for improvement under the standards was carried forward, and will be reviewed at a subsequent inspection. Please refer to the Quality improvement Plan (QIP) for details.

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, compassionate and that 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.

4.0 What people told us about the service

Seven residents, three staff and one relative were spoken with during the inspection. Residents commented positively regarding the home and said they felt they were well looked after. One resident said, "The staff are kind and attentive. My room is kept clean and tidy. I have no complaints.", whilst another said "The care is excellent. I feel safe here and the staff are attentive. The staff put on activities for us". Residents who were unable to clearly verbally communicate were well presented and appeared to be relaxed in their interactions with staff.

One relative spoke of how, "My mum is well looked after, the food is good and the home is clean and tidy. Communication with the home is good. I could not ask for better."

Three staff told us they were happy working in Giboney House and with the positive support of management.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

Following the inspection, no comments were provided by staff via the on-line staff survey. Four responses were received via the questionnaires from residents, indicating a high degree of satisfaction with the care and services provided. One relative responded via a questionnaire, indicating a high degree of satisfaction with the care and services provided in the home.

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 22 February 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20 (1) (c) (i) Stated: First time	The registered person shall ensure that all staff complete mandatory training and other training appropriate to the work they are to perform. .	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	

Area for improvement 2 Ref: Regulation 14 (2) (a) Stated: First time	<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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	Met
Area for improvement 3 Ref: Regulation 27 (4) (b) Stated: First time	<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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.</p>	
Area for improvement 4 Ref: Regulation 10 (1) Stated: First time	<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>Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met.</p> <p>This is discussed in section 5.2.5.</p>	Partially met
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		
Area for improvement 1 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	Partially met

	Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met. This is discussed further in section 5.2.2	
Area for improvement 2 Ref: Standard 6 Stated: Second time	Action taken as confirmed during the inspection: The registered person shall ensure that the care and recording of post head injury management is improved. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met
Area for improvement 3 Ref: Standard 19 Stated: First time	Action taken as confirmed during the inspection: 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. Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	Met
Area for improvement 4 Ref: Standard 23.4 Stated: First time	Action taken as confirmed during the inspection: The registered person shall review the use of the MUST tool to ensure it is accurately completed. Action taken as confirmed during the inspection: There was evidence that this area for improvement was partially met. This is discussed further in section 5.2.2.	Partially met
Area for improvement 5 Ref: Standard 35 Stated: First time	The registered person shall review the following in regards to the homes environment; <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. 	Met

	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 6 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. 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.	Carried forward to the next inspection

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

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.

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

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.

Staff told us that there was enough staff on duty to meet the needs of the residents.

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.

5.2.2 Care Delivery and Record Keeping

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.

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.

Residents who are less able to mobilise require special attention to their skin care. Two residents did not have reference in their care plan to the use of pressure relieving mattresses. This was discussed with the manager, and the area for improvement around care records was stated for a second time.

Examination of records and discussion with confirmed that the risk of falling and falls were well managed.

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, 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.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. Lunch was a pleasant and unhurried experience for the residents.

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) .This tool was not being completed fully for all residents. This was discussed with the manager, who agreed to review the use of this tool within the home. This area for improvement was stated for a second time.

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.

Three care plans reviewed had not been signed by the residents, their representatives or the manager, to ensure that the care plan had been discussed and agreed. This was discussed with the manager and an area for improvement was identified.

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.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. 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

Observation of the home's environment evidenced that the home was clean, tidy and well maintained.

The home had submitted an action plan to RQIA for the planned works to the internal environment. This programme of redecoration had not been commenced on the day of inspection. This area for improvement was carried over for review at a subsequent inspection.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, 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.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

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.

While all staff wore a fluid repellent surgical face mask, there were occasions when members of staff had the mask pulled down from their face. This was discussed with the manager and an area for improvement was identified.

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.

Visiting arrangements were managed in line with Department of Health (DoH) and IPC guidance.

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.

There was evidence of resident meetings, which provided an opportunity for residents to comment on aspects of the running of the home.

Residents told us 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.

Residents' needs were met through a range of individual and group activities, such as armchair exercises, reminiscence, film nights and arts and crafts.

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. There was however no auditing of residents weights. This was discussed with the manager and the area for improvement was stated for a second time.

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. A senior manager in the organisation 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 spoken with said that they knew how to report any concerns and said they were confident that the Manager would address these.

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.

There was a system in place to manage complaints. Residents said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

The home was visited each month by the representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

7.0 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	2*	4*

* the total number of areas for improvement includes three 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	
Area for improvement 1 Ref: Regulation 10 (1) Stated: Second time To be completed by: 30 June 2022	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. Ref: 5.1
	Response by registered person detailing the actions taken: Weight audit template was completed on 8 th September to audit residents weights at least monthly (2 nd week of every month) or if a resident's appetite has declined by Home Manager
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time To be completed by: Immediate and ongoing	The registered person shall ensure that all staff wear surgical face masks in line with IPC guidance. Ref: 5.2.3
	Response by registered person detailing the actions taken: Home Manager communicated with all staff on 7 th September as a reminder not to be pull down their face masks. Then reminded again at team meetings on 18 th November 2022 and 1 st December 2022. Staff are all aware not to pull down masks in green areas if social distancing can not be done.

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 6.2 Stated: Second time To be completed by: 1 June 2021	<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>
	<p>Response by registered person detailing the actions taken:</p> <p>Home Manager has communicated with Senior Team to ensure when a resident is assessed by district nursing as needing a pressure relieving device that the residents care plan and risk assessment is updated as soon as possible (within 24 hours), to include the equipment required. Training has been organised for Senior Carers in January 2023 regarding Care planning.</p>
Area for improvement 2 Ref: Standard 23.4 Stated: Second time To be completed by: 1 June 2022	<p>The registered person shall review the use of the MUST tool to ensure it is accurately completed.</p> <p>Ref: 5.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Following training by Dietician Support Team on 24th August 2022 and 14th September 2022, all Seniors can complete MUST scoring correctly using easy to follow diagrams the Support team supplied.</p>
Area for improvement 3 Ref: Standard 27 Stated: First time To be completed by: 1 June 2022	<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 5.1</p>
	<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>

Area for improvement 4 Ref: Standard 6.3 Stated: First time To be completed by: 1 December 2022	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. Ref: 5.2.2
	Response by registered person detailing the actions taken: Senior Team have been reminded to ensure residents care plans are signed by the resident or the residents representative and if they decline to sign to ensure it is recorded on the Residents Care index sheet.

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



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