



Unannounced Care Inspection Report 14 February 2020



Giboney House

Type of Service: Residential Care Home
**Address: Hughes Court, Mount Merrion Avenue,
Belfast BT6 0LX**
Tel no: 02890492527
Inspector: Elizabeth Colgan

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 Impoen McCarty	Registered Manager and date registered: Danielle Dawson 10 October 2019
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: 14 (plus 1 resident in hospital)

4.0 Inspection summary

An unannounced inspection took place on 14 February 2020 from 09.30 hours to 14.50 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

There were examples of good practice found throughout the inspection in relation to, staffing, adult safeguarding, and infection prevention and control. Further examples of good practice were found in relation to communication and the culture and ethos of the home. Residents were listened to, respected and valued.

Areas requiring improvement were identified to the fire risk assessment, the home's environment and care records.

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

Comments received from residents, people who visit them 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	1	5

Details of the Quality Improvement Plan (QIP) were discussed with Danielle Dawson, the 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 12 August 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 12 August 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 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. No questionnaires responses were received from staff within the given timescale.

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

- staff duty rotas from 3 February to 3 March 2020
- staff training schedule and training records
- 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
- a sample of reports of visits by the registered provider
- 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 12 August 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 27.1 Stated: First time	The registered person shall ensure environmental improvements are made regarding: <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. 	Met
	Action taken as confirmed during the inspection: Observation and review of documentation confirmed that carpets had been cleaned; we were informed that they are to be replaced. Appropriate covers/shades for lights in the dining area were in place.	
Area for improvement 2 Ref: Standard 29.4 Stated: First time	The registered person shall ensure all staff complete fire safety training at least twice per annum.	Met
	Action taken as confirmed during the inspection: Review of documentation confirmed that a system was in place to ensure that staff complete fire safety training at least twice per annum.	

Area for improvement 3 Ref: Standard 28.1 Stated: First time	The registered person shall ensure that: <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. 	Met
	Action taken as confirmed during the inspection: Review of documentation and observation confirmed that fire risk assessment was reviewed with respect to the proposed breakout space at the first floor end stairwell. A suitable window restrictor had been installed to the window opening in this area.	

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 warm and welcoming. All residents appeared well cared for, appropriately dressed, with obvious time and attention afforded to personal care needs. Some residents were having breakfast, some were relaxing in the lounge, and others were in their bedrooms or in the process of rising.

The manager advised 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. 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. A review of the duty rota from 3 February to 3 March 2020 confirmed that these reflected staff on duty over the 24 hour period.

The manager advised recruitment records were stored at the organisations human resources department and were therefore not available for inspection. The manager contacted human resources who forwarded the checklist for recently recruited staff. A review of this list highlighted that employment history, reasons for leaving or exploration of any gaps in employment was not included on the list. The manager agreed to contact human resources regarding this and to ensure that they forward a list for new members of staff to ensure that the manager maintains oversight. This area should be reviewed at a future inspection.

Review of documentation confirmed that all care staff was registered with the Northern Ireland Social Care Council (NISCC) and that registrations were tracked and regularly reviewed. Staff training schedules reviewed evidenced that mandatory training was being provided for staff and maintained on an up to date basis.

The policy and procedure on restrictive practice/behaviours which challenge was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS). The manager confirmed that she had completed level three training and all staff had completed level two.

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 equipment to aid mobility.

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. The carpet in the main living area and hallways had been cleaned however was beginning to look stained again; we were informed that there are plans to replace these carpets. There were a number of environmental issues noted:

- In an identified toilet there was tiles missing at the handwashing sink and damage was observed in the plaster where something had been removed from the wall.
- The corridor floor leading to the staff toilet was stained.
- A drawer was missing from the vanity unit in an identified bedroom.
- The covering of the ledge housing laundry equipment was missing exposing the underneath concrete.
- The sluice area was very cluttered and in need of detailed cleaning.

These areas were discussed with the manager and an area for improvement was made.

Personal protective equipment (PPE) was readily available and staff were observed washing their hands following practical assistance with residents.

Review of staff training records confirmed that arrangements are in place to ensure that all staff complete fire safety training twice annually. Fire drills were completed on a regular basis; review of documentation confirmed that safety checks were completed appropriately. Review of the fire risk assessment February 2019 highlighted that the two recommendations made had not been addressed and the re-assessment was overdue. An area for improvement was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing, training, adult safeguarding, and infection prevention and control.

Areas for improvement

Two areas for improvement were identified in relation to the home's environment, and the fire risk assessment.

	Regulations	Standards
Total number of areas for improvement	1	1

6.4 Is care effective?

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

Staff responded promptly to the resident's needs. 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 and care records were generally maintained in line with the legislation and standards. However in the three care records there were areas identified for improvement. In one care record the post management care of a head injury prior to the ambulance arriving did not note that the resident was checked regularly to assess their level of consciousness or any deterioration. An area for improvement was made.

In another care record of a resident with pressure ulceration the care plan did not detail all measures that had been put in place such as pressure relieving mattress, cushion and the creams used. An area for improvement was made. A review of the notes made by visiting nurses indicated that these were not fully up to date and on some visits only "dressing changed was recorded". The manager agreed to discuss this with visiting nurses. In another care record a care plan was in place for a short term condition such as infection which required treatment. However there was no recording in the progress notes to indicate if this was effective. An area for improvement was made.

The home has introduced daily recording for food and fluid, bowels and personal care for every resident. In all three records reviewed all charts had not been fully completed. Discussion with staff indicated that it is difficult to have the time to complete these every day. The manager agreed to discuss this with her line manager. An area for improvement was made.

Residents spoken with confirmed they were happy with the food provided. Review of minutes of residents' meetings indicated that menus were discussed and the views of residents recorded and actioned. The dining room was warm, clean and bright and tables were nicely set. There was a menu on display; the menu rotated on a three weekly basis. The portion sizes were good and there was a variety of cold drinks available. The lunch service was relaxed but well organised. Drinks and snacks were observed to be served during the day.

Comments from residents included:

- “The food is good; I know I can get a choice if I don’t like what is being served.”

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 also advised they were kept up to date regarding any changes during handovers at the beginning of each shift. 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 communication between residents, staff and other key stakeholders.

Areas for improvement

Four areas identified for improvement in relation to care records

	Regulations	Standards
Total number of areas for improvement	0	4

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.

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.

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

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.

There was a planned schedule of activities and on the day a question and answer session was held for Valentine’s Day; some of the answers given were a source of much laughter. The staff conducting the session had a great rapport with the residents and everyone stated how much they enjoyed the session.

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.

Residents were formally consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report and an action plan was made available for residents and other interested parties to read. Comments received from residents their representatives and staff during inspection was as follows:

- “I like it here.” (resident)
- “The girls are lovely I love it here.” (resident)
- “I love working here.” (staff)
- “I am working here now for many years. I love it. Our residents are great.” (staff)
- “I like the food; you can get a choice.” (resident)
- “The home is kept clean and tidy.” (resident).
- “Mum is well looked after.” (representative)

There were no completed questionnaires were returned to RQIA from residents or their representatives.

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, listening to and valuing resident and their representatives and taking account of the views of resident.

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 manager outlined the management and governance systems in place within the home. The manager stated that the needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. The manager confirmed that policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Arrangements were in place to share information about complaints with staff. The home retains compliments received, e.g. thank you letters and cards, and there were systems in place to share these with 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 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.

Observation and discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised. There were open and transparent methods of working and effective working relationships with internal and external stakeholders. There was a good atmosphere in the home, observation of interactions between staff and residents was good and mutual respect was evident.

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

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

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, the 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 Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27(4)(a) Stated: First To be completed by: 14 March 2020	<p>The registered person shall ensure that the two areas for improvement identified in the fire risk assessment are actioned.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: The area for improvement has been actioned and completed.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 27 Stated: First time To be completed by: 14 March 2020	<p>The registered person shall ensure that the areas identified at this inspection in regards to the home's environment are addressed.</p> <p>Ref: 6.3</p>
	<p>Response by registered person detailing the actions taken: Two of the four actions identified have been completed. However due to Covid-19 outbreak as a precaution to protect the residents, we are restricting contractor visits to Health and Safety and emergency repairs only. The remaining actions will be reviewed when restrictions are lifted.</p>
Area for improvement 2 Ref: Standard 6 Stated: First time To be completed by: 14 March 2020	<p>The registered person shall ensure that the care and recording of post head injury management is improved.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Detailed records were in place for this case and accurately detailed the actions of staff when managing this incident. These were available at the time of inspection. We accept the inspectors suggestion that more detailed recording of staff actions whilst awaiting medical support from emergency services gives a holistic account of the incident.</p>
Area for improvement 3 Ref: Standard 6 Stated: First time To be completed by: 14 March 2020	<p>The registered person shall ensure that all care required in relation to pressure ulcer prevention is recorded in the care plan.</p> <p>Ref: 6.4</p>
	<p>Response by registered person detailing the actions taken: Detailed records of the Care plan and actions of staff are entailed in the care plan. Additional commentary has been added to record the use of pressure management equipment.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 8</p> <p>Stated: First time</p> <p>To be completed by: 14 March 2020</p>	<p>The registered person shall ensure that progress notes reflect the effectiveness of treatment given in relation to short term conditions such as infection.</p> <p>Ref: 6.4</p>
<p>Area for improvement 5</p> <p>Ref: Standard 8</p> <p>Stated: First time</p> <p>To be completed by: 14 March 2020</p>	<p>The registered person shall ensure that the daily recording charts for food and fluid, bowels and personal care are fully completed for residents when required.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: Progress notes for this resident are detailed and reflect the effectiveness of the treatment provided and notes the improvement in the resident's wellbeing. The Home Manager has met with the team to ensure they are explicit in linking progress to a short term treatment if applicable.</p> <p>Response by registered person detailing the actions taken: Recording charts are now only in place for the residents that require them. All Staff are aware of the importance of ensuring these are fully completed.</p>

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



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