

Unannounced Care Inspection Report 17 May 2016



Giboney House

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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of Giboney House took place on 19 May 2016 from 10:00 to 17:30

The inspection sought to assess progress with any issues raised during and since the previous inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

Discussion with staff confirmed that mandatory training, supervision and appraisal was regularly provided. The home was fresh smelling, clean and appropriately heated. Discussion with staff members established that they were knowledgeable and had understanding of IPC policies and procedures. Two recommendations were made these included the introduction of a system to monitor the registration status of staff and also to update the homes policy and procedure relating to safeguarding vulnerable adults ensuring it reflects new regional guidance.

Is care effective?

Care records reflected multi-professional input into the service users' health and social care needs. Individual agreements setting out the terms of residency were completed and appropriately signed. One recommendation was made that the registered manager should audit the number of accidents and incidents in the home on a monthly basis.

Is care compassionate?

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community. A recommendation was made that the residents satisfaction questionnaire should be reviewed and revised.

Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents. Discussions with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised. There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. No areas for improvement were identified during the inspection.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.1 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	4

Details of the QIP within this report were discussed with Maureen Corry, Registered 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.

1.2 Actions/enforcement taken following the most recent estates inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

2.0 Service details

Registered organisation/registered person: Clanmil Housing Association/Ms Clare McCarty	Registered manager: Mrs Maureen Corry
Person in charge of the home at the time of inspection: Maureen Corry	Date manager registered: 1 April 2005
Categories of care: I - Old age not falling within any other category DE – Dementia MP - Mental disorder excluding learning disability or dementia	Number of registered places: 15
Weekly tariffs at time of inspection: £510 per week	Number of residents accommodated at the time of inspection: 14

3.0 Methods/processes

Prior to inspection we analysed the following records: the returned Quality Improvement Plan, the previous report and notifications of accidents and incidents submitted to RQIA since the last care inspection on 31 July 2015.

During the inspection the inspector met with 12 residents, three care staff, and the registered manager. There were no visitors/representatives or visiting professionals available in the home during the period of inspection. Fifteen satisfaction questionnaires were distributed for completion by residents, staff and residents representatives. Five completed questionnaires were returned to RQIA these showed respondents were satisfied with the care provided.

The following records were examined during the inspection:

- Four care records
- Staff training records
- Minutes of staff meetings
- Minutes of residents meetings
- Staff communication book
- Staff duty rota
- Fire Safety Risk Assessment
- Monthly monitoring reports
- Monthly risk assessments
- Annual Quality Review Report
- Complaints records

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 10/11/2015

The most recent inspection of Giboney House was an announced estates inspection. The completed QIP was returned and approved by the specialist inspector.

4.2 Review of requirements and recommendations from the last care inspection dated 31/07/2015

Last care inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 21 Stated: First time	The registered manager should ensure that the homes policy relating to dying and death is developed further to reflect current best practice.	Met
	Action taken as confirmed during the inspection: The policy relating to dying and death had been updated to reflect current best practice.	

4.3 Is care safe?

The registered manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents and staff.

On the day of inspection the following staff were on duty – 1 x Acting Senior Carer, 2 x Care Assistants, 1 x Domestic staff, and 1x Cook.

Review of completed induction records and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. The registered manager and staff confirmed that competency and capability assessments were undertaken for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager; records of competency and capability assessments were retained. A sample of staff competency and capability assessments were available for inspection, these were reviewed annually.

Discussion with the registered manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department.

The registered manager confirmed Enhanced Access NI disclosures were viewed for all staff prior to the commencement of employment.

A recommendation was made that a system to monitor the registration status of staff should be introduced as the registered manager confirmed that currently this was highlighted by the registration body.

The registered manager confirmed that there were plans in place to implement the new adult safeguarding procedures relating to the establishment of a safeguarding champion. A specific staff member had been identified. Records available in the home confirmed this.

Discussion with staff confirmed that they were aware of the new regional adult safeguarding guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A recommendation was made that the homes policy and procedure relating to safeguarding vulnerable adults should be updated to reflect the new regional guidance.

A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, review of accident and incidents notifications, review of care records and review of complaints confirmed that all suspected, alleged or actual incidents of abuse were fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

A general inspection of the home was undertaken to examine a number of residents' bedrooms and en-suite bathrooms, communal lounges, bathrooms. The residents' bedrooms were personalised with photographs, pictures and personal items. The home was fresh smelling, clean and appropriately heated.

Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff members established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Notices promoting good hand hygiene were displayed throughout the home. There were information notices and leaflets available on IPC in a range of formats for residents, their representatives and staff.

The registered manager confirmed that there were risk management procedures in place relating to the safety of individual residents. Discussion with the registered manager identified that the home did not accommodate any individuals whose needs could not be met. Review of four care records identified that an individual care needs assessment and risk assessments were obtained prior to admission of residents to the home. It was noted however from one of the care records of a recently admitted resident that there had been limited information provided by the referring Trust.

A pre admission assessment had been completed by the registered manager. This issue was discussed with the registered manager who confirmed that the issue had been raised with the referring Trust at the time, the issue being the identified resident had not been allocated a specific care manager. Subsequently following the inspection the registered manager provided confirmation that a care manager had been allocated for the identified resident.

The registered manager confirmed that there were risk management policy and procedures relating to assessment of risks in the home. Discussion with the registered manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly. Records available in the home showed that the registered manager would risk assess different areas relating to practices in the home including for example the environment, medicines and fire safety.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff.

The registered manager confirmed that the home had an up to date fire safety risk assessment in place. A review of the fire safety risk assessment dated 11 January 2016 identified that any recommendations arising had been addressed appropriately. Review of staff training records confirmed that fire safety training was twice annually. The most recent fire drill was completed on 9 May 2016 and records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly/monthly and were regularly maintained.

Areas for improvement

Two areas for improvement were identified within this domain. Two recommendations were made these included the introduction of a system to monitor the registration status of staff and also to update the homes policy and procedure relating to safeguarding vulnerable adults ensuring it reflects the new regional guidance.

Number of requirements:	0	Number of recommendations:	2
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4.4 Is care effective?

Discussion with the registered manager established that the staff responded appropriately to and met the assessed needs of the residents.

A review of four care records confirmed that these were updated by staff at regular intervals. Two care records included up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. The other two care records were not fully complete as the residents had only recently been admitted to the home. The registered manager confirmed these would be completed without delay. Care records reviewed were updated regularly to reflect the changing needs of the residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment and care planning and review process, where appropriate. Discussion with staff confirmed that a person centred approach underpinned practice.

The care records reflected multi-professional input into the service users' health and social care needs. An individual agreement setting out the terms of residency and the agreement was appropriately signed.

The registered manager confirmed that records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, and review the effectiveness and quality of care delivered to residents at appropriate intervals. These included the completion of monthly monitoring visits, annual satisfaction surveys for residents and representatives, residents are also encouraged to share their views during care reviews. Although the number of accidents and incidents were monitored on a monthly basis through the provider visits a recommendation was made that the registered manager should audit these on a monthly basis to ensure an overview of accidents and incidents in the home and can action any changes as necessary.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and key stakeholders. These included multi-professional team reviews, residents meetings, staff meetings and staff shift handovers. Discussion with the registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, representatives and other key stakeholders. A review of care records and of accident and incident reports confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. Minutes of resident meetings were available for inspection.

Areas for improvement

One area for improvement was identified within this domain. A recommendation was made that the registered manager should audit the number of accidents and incidents in the home on a monthly basis.

Number of requirements:	0	Number of recommendations:	1
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4.5 Is care compassionate?

The registered manager confirmed that there was a culture/ethos that supported the values of dignity and respect, independence, rights, equality and choice of residents.

Review of the home's policies and procedures confirmed that appropriate policies were in place. Discussion with staff and residents confirmed that residents' spiritual and cultural needs, including preferences for end of life care, were met within the home.

The registered manager, residents and staff confirmed that consent was sought in relation to care and treatment. Residents, staff and observation of interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents' independence and of maintaining dignity. Staff were also able to demonstrate how residents' confidentiality was protected.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Arrangements were in place for residents to maintain links with their friends, families and wider community.

The registered manager confirmed that residents were listened to, valued and communicated with in an appropriate manner. Discussion with staff, residents, and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff. Some comments received from residents included;

- "It is lovely and clean, what more do you want. The girls are very good."
- "You couldn't ask for better. I am so glad to be here, I really am"
- "The food is lovely, we have a choice every day."
- "It is just lovely here, everyone is so kind, you couldn't get better."

Three residents shared that they would like to get out more often but that they were happy with the care provided in the home. This information was shared with the registered manager who confirmed this was currently being looked at.

There were systems in place to ensure that the views and opinions of residents, and/or their representatives, were sought and taken into account in all matters affecting them. A recommendation was made that the residents satisfaction questionnaire should be reviewed and revised to capture more clearly and beneficially residents views.

Information available in the home showed residents are consulted about the standard and quality of care and about the home environment. This consultation was carried out at least annually. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties. An action plan was developed and implemented where improvements are required.

Residents confirmed that their views and opinions were taken into account in all matters affecting them. The comments within the satisfaction questionnaires returned to RQIA evidenced that compassionate care was delivered within the home.

Areas for improvement

One area for improvement was identified within this domain. A recommendation was made that the residents satisfaction questionnaire should be reviewed and revised.

Number of requirements:	0	Number of recommendations:	1
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4.6 Is the service well led?

The registered manager confirmed that there were management and governance systems in place to meet the needs of residents.

The health and social care 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.

A range of policies and procedures were in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

The home had a complaints policy and procedure in place. Residents and their representatives were made aware of the process of how to make a complaint by way of the Residents Guide and information in the home. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records established that there were clear arrangements for the management of complaints from residents and any other interested parties. Records of complaints included details of the investigation undertaken, communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised.

A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. As already stated a recommendation was made that the registered manager should audit accidents and incidents on a monthly basis.

The registered manager confirmed that they were aware of the Falls Prevention Toolkit and would be using this guidance to improve post falls management within the home.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires. There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed.

Discussion with the registered manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose and Residents Guide.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability. Staff were aware of their individual responsibility in relation to raising concerns.

The registered manager confirmed that the home operated in accordance with the regulatory framework. Inspection of the premises confirmed that the home's certificate of registration was displayed appropriately.

Review of notifications of accidents and incidents and the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered person/s responded to regulatory matters in a timely manner. Review of records and discussion with the registered manager confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The registered manager confirmed that there were effective working relationships with internal and external stakeholders. The home had a whistleblowing policy and procedure in place. Discussion with staff established that they were knowledgeable regarding the policy and procedure. The registered manager confirmed that staff could also access line management to raise concerns and to offer support to staff. Discussion with staff confirmed that there were good working relationships and that management were responsive to suggestions and/or concerns raised.

The registered manager confirmed that there were arrangements in place for managing identified lack of competency and poor performance for all staff. There were also open and transparent methods of working and effective working relationships with internal and external stakeholders.

Areas for improvement

No areas for improvement were identified during the inspection.

Number of requirements:	0	Number of recommendations:	0
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5.0 Quality improvement plan

The issues identified during this inspection are detailed in the QIP. Details of this QIP were discussed with Maureen Corry as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The Residential Care Homes Regulations (Northern Ireland) 2005.

5.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and DHSSPS Residential Care Homes Minimum Standards, August 2011. They promote current good practice and if adopted by the registered person(s) may enhance service, quality and delivery.

5.3 Actions taken by the registered manager/registered person

The QIP will be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to care.team@rqia.org.uk and assessed by the inspector.

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 registered person/manager from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered person/manager with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan	
Recommendations	
Recommendation 1 Ref: Standard 20.3 Stated: First time To be completed by: 19 August 2016	The registered manager should ensure a system to monitor the registration status of staff is introduced. Response by registered person detailing the actions taken: A system is now in place that allows the manager to check the registration status of staff. The system is in two parts a computerised matrix detailing staff registration numbers and date of expiry. In addition a checklist has been implemented manually when new staff are recruited identifying registration status.
Recommendation 2 Ref: Standard 16.1 Stated: First time To be completed by: 19 August 2016	The registered manager should ensure that the homes policy and procedure relating to safeguarding vulnerable adults is updated to reflect the new regional guidance. Response by registered person detailing the actions taken: The procedure in relation to to safeguarding has been reviewed to reflect new regional guidance and will be approved by our Board by 19 th August 2016.
Recommendation 3 Ref: Standard 20.11 Stated: First time To be completed by: 30 June 2016	The registered manager should audit the number of accidents and incidents in the home on a monthly basis. Response by registered person detailing the actions taken: Accidents and incidents are now audited monthly. The system is computerised and is audited at month end to identify any patterns or trends . The audit is recorded on the accident and incident log
Recommendation 4 Ref: Standard 1.6 Stated: First time To be completed by: 19 August 2016	The registered manager should ensure the residents satisfaction questionnaire is reviewed and revised. Response by registered person detailing the actions taken: The satisfaction survey has been reviewed and revised by corporate services department.

Please ensure this document is completed in full and returned to care.team@rqia.org.uk from the authorised email address



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