



The Regulation and
Quality Improvement
Authority

Unannounced Secondary Care Inspection

Name of Establishment: Giboney House
RQIA Number: 1604
Date of Inspection: 26 February 2015
Inspector's Name: Alice McTavish
Inspection ID: IN021211

The Regulation And Quality Improvement Authority
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General information

Name of Service:	Giboney House
Address:	Hughes Court Mount Merrion Avenue Belfast BT6 0LX
Telephone number:	02890492527
E mail address:	maureen.corry@clanmil.org.uk
Registered Organisation/ Registered Provider:	Clanmill Housing Association
Registered Manager:	Maureen Corry
Person in charge of the home at the time of inspection:	Maureen Corry
Categories of care:	RC-DE, RC-I, RC(MP)
Number of registered places:	15
Number of residents accommodated on Day of Inspection:	14
Scale of charges (per week):	£477
Date and type of previous inspection:	Primary Announced Inspection 14 October 2014
Date and time of inspection:	Secondary Unannounced Inspection 26 February 2015 10.15am – 1.20pm
Name of Inspector:	Alice McTavish

2.0 Introduction

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year is required.

This is a report of an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

3.0 Purpose of the inspection

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

4.0 Methods/Process

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff and a visitor
- Consultation with residents individually and with others in groups
- Inspection of the premises
- Evaluation of findings and feedback

5.0 Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard:

Standard 9 – Health and Social Care

The health and social care needs of residents are fully addressed.

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report.
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report.
2 - Not compliant	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
3 - Moving towards compliance	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
4 - Substantially Compliant	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation or in some circumstances a requirement, being made within the inspection report.
5 - Compliant	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

6.0 Profile of service

Giboney House residential care home is situated within the Belfast Health and Social Care Trust geographical area. It is located within the Mount Merrion residential area of the city of Belfast, close to local shops and facilities.

The residential home is owned and operated by Clanmil Housing Association. The current registered manager is Mrs Maureen Corry.

Accommodation for residents is provided in fifteen single en suite flatlets across the ground and first floors of the building. Access to the first floor is via a passenger lift and stairs. Communal lounge and dining areas are provided on the ground floor with access to an enclosed paved garden from the dining area.

The home also provides for catering and laundry services on the ground floor. A number of communal sanitary facilities are available throughout the home.

The home is registered to provide care for a maximum of 15 persons under the following categories of care:

Residential care

I	Old age not falling into any other category
DE	Dementia
MP	Mental disorder excluding learning disability or dementia

7.0 Summary of inspection

This secondary unannounced care inspection of Giboney House was undertaken by Alice McTavish on 26 February 2015 between the hours of 10.15am and 1.20pm. Maureen Corry was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirement and recommendations made as a result of the previous inspection were also examined. There was evidence that the home has addressed all areas as required within the timescales specified. The detail of the actions taken by Maureen Corry can be viewed in the section following this summary.

The focus of this unannounced inspection was on Standard 9 – Health and Social Care. The health and social care needs of residents are fully addressed. Giboney House was compliant with this standard. There were processes in place to ensure the effective management of the standard inspected.

During the inspection the inspector met with residents, staff, a relative, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they indicated that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. The resident representative indicated their satisfaction with the provision of care and life afforded to their relatives and complemented staff in this regard.

Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

Comments received from residents, representatives, staff and visiting professionals are included in section 10.0 of the main body of the report.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard.

Staffing levels were also examined. Further details can be found in section 10.0 of the main body of the report.

No requirements and two recommendations were made as a result of the secondary unannounced inspection, the details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, the relative, registered manager and staff for their assistance and co-operation throughout the inspection process.

8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 14 October 2014

No.	Regulation Ref.	Requirements	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	Regulation 13 (4) (a)	<p>The registered person shall make suitable arrangements for the ordering, storage, recording, handling, safe keeping, safe administration and disposal of medicines used in or for the purposes of the home to ensure that –</p> <p>(a) Any medicine which is kept in the home is stored in a secure place</p> <p>Reference to this is made to the fact that two medicine trolleys stored in the dining area should be secured to the wall when not in use.</p>	Inspection of the premises confirmed that two medicine trolleys stored in the dining area are secured to the wall when not in use.	Compliant

No.	Minimum Standard Ref.	Recommendations	Action Taken - As Confirmed During This Inspection	Inspector's Validation of Compliance
1	23	Staff should be consulted and training provided in regard to supporting persons with dementia, associated behaviours which challenge and techniques in responding.	Discussion with the registered manager and examination of staff training records confirmed that staff are consulted within annual staff appraisals, in regular supervision and in staff team meetings; training is provided in regard to supporting persons with dementia, associated behaviours which challenge and techniques in responding. Specialist learning has been accessed and there is an ongoing programme of structured training.	Compliant
2	10.1	The policy and procedure on Challenging Behaviour (2014) and Restraint (2012) should be developed further to outline the need to contact specialist services when behaviours become more difficult to manage. The policy and procedure should also reflect the DHSS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998). This should also detail the need to notify RQIA on each occasion restraint is used.	Discussion with the registered manager and examination of the policies and procedures confirmed that these had been updated accordingly.	Compliant

3	10.1	All care staff should complete training regarding the management of challenging behaviour on an annual basis.	Discussion with the registered manager and examination of staff training records confirmed that staff training is provided in regard to behaviours which challenge and techniques in responding within existing Dementia training. Specialist learning has been accessed and there is an ongoing programme of structured training.	Compliant
4	10.7	The use of the keypad system on the front door should be included in resident's individual care plans where appropriate.	Discussion with the registered manager and examination of care records confirmed that the use of the keypad system on the front door has been included in resident's individual care plans where appropriate.	Compliant
5	10.7	The use of the key pad system on the front door should be outlined in the homes Statement of Purpose.	Discussion with the registered manager and examination of the home's Statement of Purpose confirmed that the use of the key pad system on the front door is outlined.	Compliant

6	13.1	The registered manager should develop a policy regarding the programme of activities and events in the home.	Discussion with the registered manager and examination of the policy regarding the programme of activities and events in the home confirmed that this has been developed.	Compliant
7	13.1	The likes and interests of residents should be clearly stated in all care records to ensure these are considered when producing a programme of activities.	Discussion with the registered manager and examination of care records confirmed that the likes and interests of residents are clearly stated to ensure these are considered when producing a programme of activities.	Compliant
8	8.2	Care records should include sufficient detail including personal care and support provided to residents.	Discussion with the registered manager and examination of care records confirmed records now include sufficient detail including personal care and support provided to residents.	Compliant

9.0 Inspection Findings

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
<p>Criterion Assessed: 9.1 The home has details of each resident’s General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.</p>	COMPLIANCE LEVEL
<p>Inspection Findings: The care records of four residents were reviewed. In all cases the name and contact details of each resident’s General Practitioner were present, however, the details of the optometrist and dentist were not noted. Discussion with the registered manager confirmed that, should a resident require to be registered with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process. A recommendation was made that all care records contain details of the residents’ optometrist and dentist, as appropriate.</p>	Substantially compliant

Criterion Assessed: 9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	COMPLIANCE LEVEL
Inspection Findings:	
Discussions with staff members in relation to specific residents' needs indicated that staff were knowledgeable of the residents' care needs and the action to be taken in the event of a health care emergency. Staff members confirmed that they are provided with mandatory training and that they regularly avail of refresher training in first aid. The staff confirmed that they receive updates during staff handovers of any changes in a resident's condition and that the care plan is updated to reflect details of resultant changes in care provided to residents.	Compliant

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.	COMPLIANCE LEVEL
Inspection Findings:	
<p>The four care records examined contained evidence that comprehensive care assessment had been undertaken which informed care plans and risk assessments. All areas of care were considered in detail, including the management of continence care. There was free access by staff to laundered bed linen, towels and continence products.</p> <p>There was evidence of liaison with primary health and social care services. All contacts were clearly recorded in each resident's records. Records were maintained of planned appointments.</p> <p>Staff members on duty were able to describe the referral systems should a resident require the services of health care professionals.</p> <p>A recommendation is made, however, that next of kin, Trust and RQIA are notified of any incident or accident which affects the health, care or welfare of any resident.</p>	Substantially compliant
Criterion Assessed: 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.	COMPLIANCE LEVEL
Inspection Findings:	
<p>A review of the care records and discussion with the registered manager and staff members confirmed that residents' representatives are provided with information verbally and that this is recorded in the resident's care records. Resident representatives are also kept informed of any follow up care during annual care reviews.</p>	Compliant

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	COMPLIANCE LEVEL
Inspection Findings:	
An examination of four care records confirmed there are sufficient arrangements in place to monitor the frequency of residents' health screening and appointments and that referrals are made to the appropriate services.	Compliant
Criterion Assessed: 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	COMPLIANCE LEVEL
Inspection Findings:	
The registered manager confirmed that residents' spectacles, dentures and personal equipment and appliances are maintained by residents with assistance from staff.	Compliant

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10.0 Additional Areas Examined

10.1 Resident's consultation

The inspector met with seven residents individually and with others in groups. Residents were observed relaxing in the communal lounge and dining areas. In accordance with their capabilities, all residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

- "It's great here. The place is excellent."
- "The staff have been brilliant to me. They are always available to give me any help I need, they are always around. There's always plenty to keep me occupied and I always have plenty of company. The food is great."
- "I couldn't complain about anything. I really like it here."
- "I'm comfortable and well looked after. I really like it here. All the staff are very friendly"
- "I think it's very nice here, I feel I am very well looked after."
- "We are really well looked after here, very happy."
- "Everything is great here. I like it."

10.2 Relatives/representative consultation

One relative who met with the inspector indicated total satisfaction with the provision of care and life afforded to their relative and complemented staff in this regard. No concerns were expressed or indicated.

Comments received included:

- "I am very pleased with the care given to (my relative). I have no concerns or complaints."

10.3 Staff consultation

The inspector spoke with two staff members, a senior care assistant and a care assistant. Discussion with staff identified that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of residents.

Comments received included:

- "It is challenging working here but it is also very worthwhile; I feel it is a privilege to care for the residents in a time of their lives when they are becoming more dependent. I feel the quality of care provided here is excellent. The staff always put the needs of the residents first. The staff team is committed to continuous improvements and we are not complacent when it comes to doing things better."

- “I love working here. I couldn’t work with better people. The team supports each other and this is a great place to work. We provide the very best of care. The residents are supported to live as independently as possible and to live a happy and fulfilled life. It is a joy to work with and for the residents.”

10.4 Visiting professionals’ consultation

No professional visited the home during this inspection.

10.5 Environment

The inspector viewed the home accompanied by Maureen Corry and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of a good standard.

10.6 Staffing levels

On the day of inspection the following staff members were on duty:

- 1 manager
- 1 senior care assistant
- 2 care assistants
- 1 domestic
- 1 cook

The registered manager confirmed that the evening staff comprises one senior care assistant and one care assistant. Overnight duty comprises one senior care assistant on sleeping duty and one care assistant on waking duty. The staffing levels were within RQIA guidance.

11.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with Mrs Maureen Corry as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

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.

Enquiries relating to this report should be addressed to:

Alice McTavish
The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT



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Quality Improvement Plan

Secondary Unannounced Care Inspection

Giboney House

26 February 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mrs Maureen Corry either during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/ or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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.

Recommendations					
These recommendations are based on The Residential Care Homes Minimum Standards (2011), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	9.1	<p>The home has details of each resident's General Practitioner (GP), optometrist and dentist.</p> <ul style="list-style-type: none"> All care records should be updated to contain details of the residents' optometrist and dentist, as appropriate. <p>Ref section 9, standard 9.1 of the report</p>	One	Records have been updated as requested	17 April 2015
2	8.2	<p>The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.</p> <ul style="list-style-type: none"> Next of kin, Trust and RQIA should be notified of any incident or accident which affects the health, care or welfare of any resident. <p>Ref section 9, standard 9.3 of the report</p>	One	All staff have been advised of the need to inform RQIA of all incidents regarding residents welfare	Immediate and ongoing

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person and email to care.team@rgia.org.uk

NAME OF REGISTERED MANAGER COMPLETING QIP	M Corry
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	<i>Clare McCarty</i>

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	<i>Yes</i>	<i>Bronagh Duggan</i>	<i>19.3.15</i>
Further information requested from provider			