Unannounced Care Inspection Report
30 August 2018

Giboney House

Type of Service: Residential Care Home
Address: Hughes Court, Mount Merrion Avenue, Belfast, BT6 0LX
Tel No: 028 9049 2527
Inspector: Bronagh Duggan

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.

1.0 What we look for

2.0 Profile of service

This is a residential care home registered to provide care and accommodation for 15 persons in the categories of care cited on the home's certificate of registration and detailed in section 3.0 of this report.

3.0 Service details

Organisation/Registered Provider: Clanmil Housing Association **Responsible Individual(s):** Clare Imogen McCarty	**Registered Manager:** Andrew Johnston
Person in charge at the time of inspection: Ann Darragh, Senior Carer upon arrival Andrew Johnston, Manager arrived at approximately 11.00am	**Date manager registered:** Andrew Johnston - application received - "registration pending".
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 registered places:** 15 One place in category RC-MP (under 65 years). A maximum of 8 persons in RC-DE category of care.

4.0 Inspection summary

An unannounced care inspection took place on 30 August 2018 from 10.30 to 17.00.

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

The inspection assessed progress with any areas for improvement identified during and 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.

Evidence of good practice was found in relation to staff induction, training, infection prevention and control, communication between residents, staff and other interested parties the culture and ethos of the home, management of incidents and quality improvement.

Areas requiring improvement were identified in relation to fire safety checks, care plan updates, care records, ensuring a dietetic referral, and maintaining records of the outcome of care reviews. One area for improvement has been stated for a second time this related to recording when and how fire safety recommendations have been addressed.

Residents and one representative spoken with confirmed they were happy with their life in the home, their relationship with staff and that the home was like home from home.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and resident experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	4

Details of the Quality Improvement Plan (QIP) were discussed with Andrew Johnston, 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 care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 14 December 2017 .

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records: the previous inspection report, the returned QIP, notifiable events, and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with the manager, twelve residents, four staff and one residents' visitor/representative.

A total of 10 questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. One questionnaire was returned by a residents' representative.

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

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal information
- Staff competency and capability assessments
- Staff training records
- Four residents' care files
- Minutes of staff meetings
- Complaints and compliments records
- Accident, incident, notifiable event records
- Annual Quality Review report
- Minutes of recent residents' meetings
- Reports of visits by the registered provider
- Fire safety risk assessment

- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc.
- Sample of policies and procedures

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met in three areas and not met in one area.

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 most recent inspection dated 14 December 2017

The most recent inspection of the home was an unannounced care inspection.

The completed QIP was returned and approved by the care inspector.

6.2 Review of areas for improvement from the last care inspection dated 14 December 2017

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		**Validation of compliance**
Area for improvement 1 **Ref**: Regulation 20.(3) **Stated:** First time	The registered person shall ensure a competency and capability assessment is completed with any person who is given the responsibility of being in charge of the home in the manager's absence. Ref: 6.4	**Met**
	Action taken as confirmed during the inspection: Discussion with the manager and review of records showed competency and capability assessments were completed for any person left in charge in the manager's absence.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 **Ref**: Standard 25.6 **Stated:** First time	The registered person shall ensure a record is kept of staff working over a 24 hour period and the capacity in which they worked. Reference to this includes the hours worked by the manager. Ref: 6.4	**Met**
	Action taken as confirmed during the inspection: Review of the duty rota showed staff working over the 24 hour period and included the hours worked by the manager.	
Area for improvement 2 **Ref**: Standard 29.1 **Stated:** First time	The registered person shall ensure a record is maintained to show how and when any fire safety recommendations have been actioned. Ref: 6.4	**Not met**
	Action taken as confirmed during the inspection: Records available in the home did not show how and when fire safety recommendations had been addressed. This has been stated for a second time in the QIP appended to this report.	
Area for improvement 3 **Ref**: Standard 6.2 **Stated:** First time	The registered person shall ensure care records accurately reflect the identified residents assessed needs including any speech and language input. Ref: 6.5	**Met**
	Action taken as confirmed during the inspection: The manager confirmed the care record had been updated accordingly following the inspection and that SALT guidance would be included in all care records as needed. The manager confirmed the resident no longer resided at the home as a result the identified record could not be reviewed.	

Area for improvement 4 **Ref**: Standard 25.8 **Stated:** First time	The registered person shall ensure staff meetings are held on a regular basis and no less than quarterly. Ref: 6.5	**Met**
	Action taken as confirmed during the inspection: Discussion with the manager and review of minutes of staff meetings showed these were being held regularly.	
Area for improvement 5 **Ref**: Standard 25.1 **Stated:** Carried forward	The registered provider should ensure staffing levels are reviewed to ensure the number of care staff on duty at all times meet the care needs of residents. Ref:6.2	**Met**
	Action taken as confirmed during the inspection: The manager confirmed staffing levels had been reviewed and a full staffing complement was available for the home. The manager confirmed staff numbers were adjusted when needed to meet the changing needs of residents.	

6.3 Inspection findings

6.4 Is care safe?

Avoiding and preventing harm to patients and clients from the care, treatment and support that is intended to help them.

The manager advised that the staffing levels for the home were subject to regular and ongoing review to ensure the assessed needs of the residents were met. No concerns were raised regarding staffing levels during discussion with residents, residents' representatives and staff. A review of the duty rota confirmed that it accurately reflected the staff working within the home.

A review of induction information and discussion with the manager and staff evidenced that an induction programme was in place for all staff, relevant to their specific roles and responsibilities.

Discussion with staff confirmed that mandatory training, supervision and annual appraisal of staff was regularly provided. Schedules and records of training and supervision were reviewed

during the inspection. The benefit of developing a schedule for monitoring supervision and appraisal of staff was discussed with the manager.

Discussion with the manager 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. Staff competency and capability assessments were reviewed and found to be satisfactory.

Review of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. The manager advised 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 manager advised that AccessNI enhanced disclosures were undertaken for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body Northern Ireland Social Care Council (NISCC) (where applicable).

The adult safeguarding policy in place was consistent with the current regional policy and procedures. This included the name of the safeguarding champion, definitions of abuse, types of abuse and indicators, onward referral arrangements and contact information. The role and function of the adult safeguarding champion (ASC) and the necessity to complete the annual ASC position report from 1 April 2018 to 31 March 2019 was discussed.

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

The manager advised there had not been any recent safeguarding referrals made and that any suspected, alleged or actual incidents of abuse would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; and that written records would be retained.

The manager advised there were restrictive practices within the home, notably the use of keypad entry systems, pressure alarm mats. In the care records examined the restrictions were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

There was an infection prevention and control (IPC) policy and procedure in place. Staff training records evidenced that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures.

Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Personal Protective Equipment (PPE), e.g. disposable gloves and aprons, was available throughout the home. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats. The need to ensure availability of hand gel/sanitisers at the entrance area for people visiting the home was discussed.

The manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with home policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be individualised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. The manager confirmed plans were in place to repaint communal parts of the home.

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 manager advised that the home's policy, procedures and risk assessments relating to safe and healthy working practices were appropriately maintained and reviewed regularly e.g. fire safety.

The home had a legionella risk assessment in place dated 16 February 2017. During the inspection the manager was provided with an estates checklist for completion and return to RQIA this was not returned in the specified timescale. This information was shared with the estates inspector for the home. It was established that no residents smoked.

The home had an up to date fire risk assessment in place dated 20 February 2018 however there was no evidence to show that the recommendations made had been addressed, this was identified as an a area for improvement during the previous inspection and has been stated for a second time in the QIP appended to this report.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed on a regular basis and records reviewed confirmed these were up to date. The need to record the names of staff who participate and any actions or learning outcomes was discussed with the manager. Fire safety records identified that fire alarm systems, emergency lighting and means of escape were to be checked weekly however a number of omissions were noted in the weekly checks in periods from April and May 2018 and June to July 2018. This was identified as an area for improvement to comply with the regulations.

One completed questionnaire was returned to RQIA from a residents' representative. The respondent described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff induction, training, infection prevention and control and the home's environment.

Areas for improvement

One new area for improvement was identified during the inspection this related to the regular completion of fire safety checks, one area for improvement has been stated for a second time this related to recording when fire safety recommendations have been addressed.

	Regulations	Standards
Total number of areas for improvement	1	1

6.5 Is care effective?

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

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

Three care records were reviewed, it was noted two of these did not include adequate information with regard to follow through in relation to identified changes in two resident's needs. The care plans and associated risk assessments need to be updated to ensure they accurately reflect how best to meet the resident's needs. This issue was discussed with the manager. The manager confirmed plans were in place to ensure staff receive care planning training. This shall be followed up at a future inspection. The review and updating of care plans and associated risk assessments was identified as an area for improvement to comply with the regulations.

It was noted from review of the daily/regular evaluation notes that there were occasions with very limited records being made therefore making it difficult to ascertain what care was being delivered to residents. The importance of good record keeping was discussed with the manager this was identified as an area for improvement to comply with the standards.

Discussion with staff confirmed that a person centred approach underpinned practice. Staff were able to describe in detail how the needs, choices and preferences of individual residents were met within the home. For example some residents have preferred rising and retiring times, while others may prefer to relax in their bedrooms on occasions throughout the day.

A varied and nutritious diet was provided to meet the individual dietary needs and preferences of the residents. Systems were in place to regularly record residents' weights. It was noted from weight records reviewed an identified resident had experienced notable weight loss the benefit of dietician input was discussed with the manager. A referral to the dietician was identified as an area for improvement to comply with the standards.

Discussion with the manager and staff confirmed that wound care would be managed by community nursing services. Staff advised that they would be able to recognise and respond to any changes observed on resident's skin.

The manager advised that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals this included the reports of the visits by the registered provider and the annual quality review report.

The manager advised that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The need for the home to keep records of review meetings that identify outcomes of the review, actions required and those responsible was discussed as these were not available in records inspected. This is to ensure any actions identified are followed up accordingly. This was identified as an area for improvement to comply with the standards. Minutes of staff meetings and resident meetings were reviewed during the inspection.

Observation of practice evidenced that staff were able to communicate effectively with residents. Discussion with the manager and staff confirmed that management operated an open door policy in regard to communication within the home.

There were also systems in place to ensure openness and transparency of communication, for example resident meeting minutes were on display or available on request for residents, their representatives any other interested parties to read.

One completed questionnaire was returned to RQIA from a residents' representative. The respondent described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication between residents, staff and other interested parties.

Areas for improvement

Three areas for improvement were identified during the inspection these related to updating care plans and risk assessments, quality of records maintained and for a referral to be made to the dietician for an identified resident.

	Regulations	Standards
Total number of areas for improvement	1	2

6.6 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.

A range of policies and procedures was in place which supported the delivery of compassionate care.

The manager advised that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

The manager and residents advised that consent was sought in relation to care and treatment. Discussion and observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff described their awareness of promoting residents' rights, independence, dignity and explained how confidentiality was protected.

Discussion with staff confirmed that residents' spiritual and cultural needs were met within the home.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment for example the daily menu was displayed for residents.

Discussion with staff, residents, one representative and observation of practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff; residents' were listened to, valued and communicated with in an appropriate manner and their views and opinions were taken into account in all matters affecting them. For example residents were encouraged and supported to actively participate in the annual reviews of their care. Other systems of communication included, residents' meetings and visits by the registered provider.

Discussion with staff, residents, the representative, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example crafts, music sessions, quizzes etc. Arrangements were in place for residents to maintain links with their friends, families and wider community for example visitors are welcome to the home and there would be ongoing seasonal events planned for residents including for example parties and musical entertainers.

Residents, staff and one residents' visitor/representative spoken with during the inspection made the following comments:

- "I am here a (short time) I am happy with my room, the food is nice and if there is something on that you don't like you can get something else. Staff are very helpful." (resident)
- "I think it is great here, it really is. It's like home from home. I come in often at the weekends, you are always made feel welcome and get offered a cup of tea." (representative)
- "It is very nice here, everybody is lovely. I enjoy the craic. My room is lovely and bright, I have it lovely." (resident)
- "It's great, no complaints from me. Everyone is very nice." (resident)
- "Lovely, they (staff) are all very pleasant. The food is good. I am happy enough." (resident)

One completed questionnaire was returned to RQIA from a residents' representative. The respondent described their level of satisfaction with this aspect of care as very satisfied.

Comments received from the completed questionnaire were as follows:

- "Giboney house is home from home. My aunt is well looked after…I feel at home also!"

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

Areas for improvement

No areas for improvement were identified during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.7 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 arrangements and governance systems in place within the home and 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. Policies were centrally indexed and retained in a manner which was easily accessible by staff.

There was a complaints policy and procedure in place, residents and/or their representatives were made aware of how to make a complaint by way of information on display in the home. RQIA's complaint poster was available and displayed in the home.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, the outcome of the complaint and the complainant's level of satisfaction.

The home retains compliments received, e.g. thank you letters and cards and there are systems in place to share these with staff.

There was an accident, incident and notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of these events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures.

Discussion with the 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 for example dementia awareness and continence awareness training.

A visit by the registered provider 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, RQIA and any other interested parties to read.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The manager stated that senior managers were kept informed regarding the day to day running of the home through regular telephone calls, emails and visits to the home.

The manager reported that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration was displayed appropriately.

The home had a whistleblowing policy and procedure in place and discussion with staff confirmed that they were knowledgeable regarding this. The manager advised that staff could also access line management to raise concerns and that staff would be offered support.

Discussion with staff confirmed there were open and transparent methods of working and effective working relationships with internal and external stakeholders.

The manager described the arrangements in place for managing identified lack of competency and poor performance for all staff.

Staff had completed training in relation to equality. If further information in relation to the equality of opportunity for residents and the importance of staff being aware of equality legislation and recognising and responding to the diverse needs of residents is required the Equality Commission for Northern Ireland can be contacted for guidance on best practice in relation to collecting this type of data.

One completed questionnaire was returned to RQIA from a residents' representative. The respondent described their level of satisfaction with this aspect of care as very satisfied.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management of incidents and quality improvement.

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 Andrew Johnston, 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) (d) (v) **Stated:** First time **To be completed by:** 6 September 2018	The registered person shall ensure fire safety checks are completed and maintained on an up to date basis. Ref: 6.4
	Response by registered person detailing the actions taken: Fire checks are completed on a Monday and Staff have been informed to email me that checks are completed.
Area for improvement 2 **Ref:** Regulation 16.(2) (b) **Stated:** First time **To be completed by:** 6 September 2018	The registered person shall ensure the care plans including risk assessments are reviewed and updated for the two identified residents to ensure they reflect their current needs. Ref: 6.5
	Response by registered person detailing the actions taken: Care plans, including risk assessments are updated for both residents identified.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 **Ref**: Standard 29.1 **Stated:** Second time **To be completed by:** 13 September 2018	The registered person shall ensure a record is maintained to show how and when any fire safety recommendations have been actioned. Ref: 6.2
	Response by registered person detailing the actions taken: The outstanding action has been completed and fire zones are now colour coordinated to aid evacuation process, going forward actions will be recorded on pentana to ensure compliance
Area for improvement 2 **Ref**: Standard 8.2 **Stated:** First time **To be completed by:** 6 September 2018	The registered person shall ensure records are maintained that detail all personal care and support provided including any changes in the residents needs and all other relevant information. Ref: 6.5
	Response by registered person detailing the actions taken: All staff have been reminded to update records and to detail all personal care and support required on a daily basis. All staff attended refresher training in October and this covered part of course content.

Area for improvement 3 **Ref**: Standard 9.3 **Stated:** First time **To be completed by:** 6 September 2018 4	The registered person shall ensure a referral is made for dietician input for the identified resident. Ref: 6.5
	Response by registered person detailing the actions taken: A referral had been made to the dietican for identified resident, however has been declined. The Home Manager is liaising with the resident's GP to discuss ongoing dietary needs.
Area for improvement 4 **Ref**: Standard 11.5 **Stated:** First time **To be completed by:** 30 September 2018	The registered person shall ensure the home keeps records of review meetings that identify outcomes of the review, actions required and those responsible. Ref: 6.5
	Response by registered person detailing the actions taken: Senior staff are following up on outstanding minutes. A template is being put in place to record upcoming reviews and to track when minutes are received to ensure compliance going forward.

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

The Regulation and Quality Improvement Authority

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