

# Unannounced Care Inspection Report 05 May 2016



## Garryduff House

**Address: 2 Garryduff Road, Ballymoney, BT53 7AF**

**Tel No: 02827666220**

**Inspector: John McAuley**

[www.rqia.org.uk](http://www.rqia.org.uk)

Assurance, Challenge and Improvement in Health and Social Care

## 1.0 Summary

An unannounced inspection of Garryduff House took place on 5 May 2016 from 09:45 to 14:00 hours.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

### Is care safe?

There were two areas of improvement identified with this domain. These were in relation to the establishment of a safeguarding champion in accordance with the revised safeguarding policy and procedure and ensuring consultation with the residents' next of kin and social worker in relation to financial transactions. This is to ensure there is a robust system in place for managing residents' finances which takes account of safeguarding processes.

### Is care effective?

There were no requirements or recommendations made with this domain.

### Is care compassionate?

There were no requirements or recommendations made with this domain.

### Is the service well led?

There were no requirements or recommendations made with this domain.

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

## 1.1 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	1	1

Details of the QIP within this report were discussed with Jacqueline Peacock the 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 care inspection

There were no further actions required to be taken following the most recent inspection.

## 2.0 Service details

<b>Registered organisation/registered person:</b> Christopher Harold Alexander	<b>Registered manager:</b> Jacqueline Peacock
<b>Person in charge of the home at the time of inspection:</b> Jacqueline Peacock	<b>Date manager registered:</b> 1 April 2005
<b>Categories of care:</b> RC-LD, RC-LD(E)	<b>Number of registered places:</b> 7
<b>Weekly tariffs at time of inspection:</b> £881 - £1266	<b>Number of residents accommodated at the time of inspection:</b> 5 plus 2 residents at day care placements

## 3.0 Methods/ processes

Prior to inspection we analysed the following records: the previous inspection report and accident and incident notifications.

During the inspection the inspector met with five residents, one visiting health care professional, three staff members and the registered manager.

The following records were inspected during the inspection:

- Resident's Guide
- Safeguarding policy and procedure
- Accident and falls reporting policy and procedure
- Accident and incident notifications
- Induction records
- Staff training records
- Supervision and appraisal schedules
- Complaints and compliments records
- A sample of two residents' care records
- Quality assurance audits
- Monitoring reports
- Fire safety records.

## 4.0 The inspection

### 4.1 Review of requirements and recommendations from the most recent inspection dated 18 June 2015

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the inspector.

### 4.2 Review of requirements and recommendations from the last care inspection dated 18 June 2015

There were no requirements or recommendations made as a result of the last care inspection.

### 4.3 Is care safe?

The registered manager confirmed the staffing levels for the home. It was also confirmed that these were subject to regular review to ensure the assessed needs of the residents were met. Discreet observations of care practices during this inspection found these to be undertaken in an organised, unhurried manner. No concerns were raised regarding staffing levels during discussion with staff.

On the day of inspection the following staff were on duty;

- Registered manager
- 1 x team leader
- 2 x support workers

Review of a completed induction record and discussion with the registered manager and staff evidenced that an induction programme was in place for all staff. These were 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. A schedule record of planned supervision and appraisals with staff is in place.

The registered 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 recruitment records are held centrally at the organisation's human resource department. The registered manager confirmed that the human resource department send her a checklist to confirm that each staff member recruited is in accordance with Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005. An inspection of two of these checklists, found these to be maintained appropriately.

Details of Enhanced Access NI disclosures were in place in the checklists issued from the human resource department. These were also viewed by the registered manager for all staff prior to the commencement of employment.

The adult safeguarding policy and procedure in place included the new regional adult safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015). However there was no detail reference to the establishment of a safeguarding champion in the home as per guidance. A recommendation has been made in this regard.

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 of these were retained.

A general inspection of the home was undertaken to examine a number of residents' bedrooms, the communal lounge, dining room and bathrooms. The home was found to be clean and tidy and appropriately heated.

Inspection of premises confirmed that there were wash hand basins, soap dispensers, alcohol hand rubs and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to infection prevention and control procedures.

Inspection of two residents' care records confirmed that there was a system of referral to the multi-disciplinary team when required. Issues of assessed need had a recorded statement of care / treatment given with effect of same. This included referral to the appropriate healthcare professional.

Within the residents' care were records of residents' property and expenditure. There was found to be substantial amounts of expenditures made on the behalf of residents. There was no corresponding evidence to confirm that consultation had been made with the residents' next of kin and social worker about these purchases. These purchases included bedroom furnishings and fixtures. A requirement was made for the residents' next of kin and social worker to be consulted on these and any future purchases, to ensure there is a robust system in place for managing residents' finances which takes account of safeguarding processes.

Inspection of the internal and external environment identified that the home and grounds were kept tidy and safe for 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's most recent fire risk assessment was in March 2016. Five recommendations made from this were confirmed by the registered manager as having being addressed. Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed and records 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 checks were maintained on an up to date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

### **Areas for improvement**

There were two areas of improvement identified with this domain. These were in relation to the establishment of a safeguarding champion in relation to the revised safeguarding policy and procedure and ensuring consultation with the residents' next of kin and social worker with financial transactions as to ensure such transactions are safeguarded.

<b>Number of requirements:</b>	<b>1</b>	<b>Number of recommendations:</b>	<b>1</b>
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#### 4.4 Is care effective?

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

A review of two residents' care records confirmed that these were maintained in line with the legislation and standards. They 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. 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.

A discussion with one visiting health care professional at the time of this inspection was positive.

The registered manager confirmed that systems were in place to ensure effective communication with residents, their representatives and aligned healthcare professionals. These included pre-admission information, multi-professional team reviews, staff meetings and staff shift handovers.

Observations and discussion with staff confirmed that management operated an open door policy in regard to communication within the home.

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 the care review meetings were available for inspection. However as detailed in 4.3 there was no adequate reference to financial transactions made on the behalf of the resident in the reports reviewed.

The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents. A poster was displayed of this in the home.

#### Areas for improvement

There were no requirements or recommendations made with this domain.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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#### 4.5 Is care compassionate?

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

Due to levels of dependencies only one resident was able to articulate their views about the home. This resident spoke positively about her life in the home, relationship with staff, the provision of activities and the provision of meals. Comments included a statement such as:

- “I love it here, everyone is very kind to me and all the residents”

The other residents appeared comfortable, content and at ease in their environment and interactions with staff.

Observations and review of care records confirmed that residents’ spiritual and cultural needs were met within the home.

Discussion with staff and observations confirmed that action was taken to manage pain and discomfort in a timely and appropriate manner.

Observations of staff / residents interactions found that residents were treated with dignity and respect. Care interactions such as provision of choice and explanation of tasks were observed. Staff confirmed their awareness of promoting residents’ independence and of maintaining dignity. Staff interactions with residents were found to be polite, friendly, warm and supportive.

Observations and discussion with one resident and staff 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.

There were systems in place to ensure that the views and opinions of residents and their representatives were sought and taken into account in all matters affecting them.

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.

**Areas for improvement**

There were no requirements or recommendations made with this domain.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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.

Review of the complaints register 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, all communication with complainants, the result of any investigation, the outcome and the action taken to address the issues raised. Evidence was found that expressions of dissatisfaction were taken seriously and managed appropriately.

Arrangements were in place to share information about complaints and compliments with staff.

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.

There were quality assurance systems in place to drive quality improvement which included regular audits and satisfaction questionnaires.

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. The last month's report was inspected. This was recorded in good detail with evidence of the governance arrangements.

There was a clear organisational structure. All staff were aware of their roles, responsibility and accountability within the overall structure. This was outlined in the home's Statement of Purpose. Discussion with the registered manager identified that she had understanding of her role and responsibilities under the legislation.

Staff spoken with confirmed that they were familiar with organisational and management structure and with their lines of professional accountability.

Inspection of the premises confirmed that the home's certificate of registration was displayed in a conspicuous location.

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.

### **Areas for improvement**

There were no requirements or recommendations made with this domain.

<b>Number of requirements:</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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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 Jacqueline Peacock the Registered Manager 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](mailto: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 weaknesses that exist in the establishment. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the establishment.

<b>Quality Improvement Plan</b>	
<b>Statutory requirements</b>	
<p><b>Requirement 1</b></p> <p>Ref: Regulation 5(1)a</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 July 2016</p>	<p>The registered person must ensure the residents' next of kin and social worker to be consulted on purchases made on the behalf of the resident so as to ensure there is a robust system in place for managing residents' finances which takes account of safeguarding processes.</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> A more robust system has been implemented to include evidence of consultation with next of kin and service users' representative.</p>
<b>Recommendations</b>	
<p><b>Recommendation 1</b></p> <p>Ref: Standard 16.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 5 July 2016</p>	<p>The registered person should establish a safeguarding champion in detail in relation to the safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015).</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b> The NHSCT's procedure and associated referral document will not be available until next year. Meantime Triangle have updated their policy/procedure to include the name of the safeguarding champion.</p>

*\*Please ensure this document is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**



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