

Unannounced Care Inspection Report 16 May 2017



Garryduff House

Type of service: Residential Care Home
Address: 2 Garryduff Road, Ballymoney, BT53 7AF
Tel No: 028 27 666220
Inspector: John McAuley

1.0 Summary

An unannounced inspection of Garryduff House took place on 16 May 2017 from 10.15 to 13.00 hours.

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

Is care safe?

There were examples of good practice found throughout this inspection in relation to staff induction, training and supervision, adult safeguarding and risk management.

No requirements or recommendations were made in relation to this domain.

Is care effective?

There were examples of good practice found throughout this inspection in relation to maintenance of care records and communication between residents, their representatives and other key stakeholders.

No requirements or recommendations were made in relation to this domain.

Is care compassionate?

There were examples of good practice found throughout this inspection in relation to observations of care practices and general ambience of the home and feedback from residents and staff.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

There were examples of good practice found throughout this inspection in relation to governance arrangements, the registered manager's knowledge of residents' needs and aligned roles and responsibilities and maintenance of working relationships.

No requirements or recommendations were made in relation to this domain.

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	0

This inspection resulted in no requirements or recommendations being made. Findings of the inspection were discussed with Jacqueline Peacock, registered manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 22 November 2016.

2.0 Service details

Registered organisation/registered person: Triangle Housing Association Christopher Harold Alexander	Registered manager: Jacqueline Peacock
Person in charge of the home at the time of inspection: Jacqueline Peacock	Date manager registered: 1 April 2005
Categories of care: LD - Learning Disability LD (E) - Learning disability - over 65 years	Number of registered places: 7

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, three members of care staff and the registered manager.

The following records were examined during the inspection:

- Staff duty rota
- Induction programme for new staff
- Staff supervision and annual appraisal schedules
- Staff training schedule/records

- Two residents’ care files
- Complaints and compliments records
- Audits of risk assessments, care plans, care reviews; accidents and incidents (including falls, outbreaks), complaints, environment, catering
- Accident/incident/notifiable events register
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records
- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Individual written agreement
- Programme of activities
- Policies and procedures manual

A total of five questionnaires were provided for distribution to staff for completion and return to RQIA.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 22 November 2016

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector. This QIP will be validated by the inspector at the next inspection.

4.2 Review of requirements and recommendations from the last care inspection dated 22 November 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 Ref: Regulation 5(1) and (3) Stated: First time To be completed by: 22 February 2017	The registered provider must ensure that individual resident’s agreements setting out the terms of residency are signed by their representative and aligned care manager.	Met
	Action taken as confirmed during the inspection: This has been put in place accordingly.	

Last care inspection recommendations		Validation of compliance
<p>Recommendation 1</p> <p>Ref: Standard 29.1</p> <p>Stated: First time</p> <p>To be completed by: 22 December 2016</p>	<p>The registered provider should record evidence of actions taken in response to the fire safety risk assessment dated 8 March 2016.</p> <p>Action taken as confirmed during the inspection: Evidence of actions taken has been recorded appropriately.</p>	Met

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 staff.

An inspection of the duty roster confirmed that it accurately reflected the staff working within the home.

Discussion with the registered manager, staff and inspection of two completed induction records, 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 appraisal of staff was regularly provided. A schedule for mandatory training, annual staff appraisals and staff supervision was maintained and was inspected during the inspection.

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.

The home's recruitment and selection policy and procedure complied with current legislation and best practice. 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.

Enhanced AccessNI disclosures were viewed by the registered manager for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body.

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral arrangements, contact information and documentation to be completed. A safeguarding champion has been established.

Discussion with staff confirmed that they were aware of the new regional 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. An inspection of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the registered manager, inspection of accident and incidents notifications, care records and complaints records confirmed that if there were any suspected, alleged or actual incidents of abuse these would be referred to the relevant persons and agencies for investigation in accordance with procedures and legislation.

Discussion with the registered manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Inspection of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The registered manager confirmed there were restrictive practices employed within the home, notably keypad entry systems, lap belts, bed rails and pressure alarm mats. Discussion with the registered manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

The registered manager confirmed there were risk management policy and procedures in place. Discussion with the registered manager relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly. A health and safety champion had been established. This member of staff meets with other service representatives to discuss health and safety matters and agreed necessary action plans. This is good practice.

The home's Infection Prevention and Control (IPC) policy and procedure was in line with regional guidelines. Staff training records confirmed 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. Observation of staff practice identified that staff adhered to IPC procedures.

Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

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

The home was clean and tidy with a good standard of décor and furnishings being maintained. Residents' bedrooms were personalised and comfortable.

Inspection of the internal environment identified that the home was 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 home had an up to date fire risk assessment in place dated 20 March 2017. The two recommendations from this assessment had been sent as a works requisition to the organisation's head office.

Inspection of staff training records confirmed that staff completed fire safety training and fire safety drills twice annually. 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 on a regular and up-to-date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

Number of requirements	0	Number of recommendations	0
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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.

An inspection of two residents' care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments, for example manual handling, bedrails, nutrition and falls were inspected and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records inspected were observed to be signed by their representative.

Discussion with staff confirmed that a person centred approach underpinned practice. This was primarily evidenced from staff knowledge and understanding of individual residents' needs and in particular their communication needs.

Records were stored safely and securely in line with data protection.

The registered manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Further evidence of this was contained in the monthly monitoring reports.

The registered manager confirmed 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' representatives

meetings, staff meetings and staff shift handovers. The registered manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Observation of practice evidenced that staff were able to communicate effectively with residents. Such communication was done on an individualised basis and detailed in aligned care records. Staff confirmed that they had received training and support in dealing with residents’ communication need.

An inspection of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents.

The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

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

The inspector met five residents in the home at the time of this inspection. The other two residents were at attendance at a day care placement. In accordance with their capabilities residents confirmed/indicated that they were happy with their life in the home and their relationship with staff. Residents appeared comfortable and at ease with staff and there was a nice rapport of interaction observed.

The registered manager confirmed 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.

A range of policies and procedures were in place which supported the delivery of compassionate care. Discussion with staff confirmed that residents’ spiritual and cultural needs, including preferences for end of life care, were met within the home.

Discussion with staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner. This was further evidenced by the inspection of care records, in that care plans were in place for the management of pain, trigger factors and prescribed care. Issues of assessed need in the progress records, such as pain had a recorded statement of care given with effect(s) of same.

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.

The registered manager, residents and/or their representatives confirmed that consent was sought in relation to care and treatment. Discussion staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect.

Staff confirmed their awareness of promoting residents' rights, independence and dignity and were able to demonstrate how residents' confidentiality was protected. This was evident in how staff interacted and when sharing of sensitive information was done with discretion and privacy to all.

The registered manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner.

Observation of care practice confirmed that residents' needs were recognised and responded to in a prompt and courteous manner by staff.

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. These included care review meetings, residents' representatives meetings and day to day contact with management.

Discussion with staff, observation of practice and inspection of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. At the time of this inspection two residents were in attendance at day care. The other residents in the home were relaxing or enjoying the company of staff or engaged pastimes of choice. Arrangements were in place for residents to maintain links with their friends, families and wider community. Examples of this included holidays planned in consultation with aligned care manager(s).

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

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

The registered manager confirmed 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. Discussions with the registered manager also confirmed that she had an excellent knowledge of residents' needs and prescribed care interventions.

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. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DOH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Residents' Guide and displayed information on how to complain. Discussion with the registered manager confirmed that she was knowledgeable about how to receive and deal with complaints. The registered manager reported that there have not been any expressions of complaint received for some considerable time.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. An inspection 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. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

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

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

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, such as communication with residents and responding to behaviours.

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 to read. An inspection of the last two month reports found these to be comprehensively maintained.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability.

Discussion with the registered manager identified that she had good understanding of her roles and responsibilities under the legislation and standards.

Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

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 and discussion with staff established that they were knowledgeable regarding this. The registered manager confirmed that staff could also access line management to raise concerns and that they would be appropriately supported.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

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

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 provider from their responsibility for maintaining compliance with the regulations and standards.



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