Unannounced Care Inspection Report
22 November 2016

Garryduff House

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 22 November 2016 from 10:00 to 13:30 hours.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential 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 training, adult safeguarding and infection prevention and control.

One area for improvement was identified in relation to recording evidence of actions taken in response to the fire safety risk assessment.

Is care effective?

There were examples of good practice found throughout this inspection in relation to individualised care records.

One area of improvement was identified in relation to ensuring that individual resident's agreements setting out the terms of residency are signed by their representative and aligned care manager.

Is care compassionate?

There were examples of good practice found throughout this inspection in relation to listening to and valuing residents and taking account of their individual needs.

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 the management and governance arrangements and the maintenance of good working relationships with staff and management.

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	1	1

Details of the Quality Improvement Plan (QIP) within this report were discussed with Paula Millen, the team leader, 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 premises inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 24 May 2016.

2.0 Service details

Registered organisation/registered person: Christopher Harold Alexander	**Registered manager:** Jacqueline Peacock
Person in charge of the home at the time of inspection: Paula Millen - Team Leader	**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 three residents and three members of staff of various grades on duty.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Sample of competency and capability assessment
- Staff training schedule/records
- Two residents' care files
- The home's Statement of Purpose and Residents' Guide
- Complaints and compliments records
- Accident/incident/notifiable events register
- Minutes of recent residents' meetings / representatives'
- Monthly monitoring report
- 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

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection dated 24 May 2016

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

4.2 Review of requirements and recommendations from the last care inspection dated 5 May 2016

Last care inspection statutory requirements		Validation of compliance
Requirement 1 **Ref**: Regulation 5(1)a **Stated:** First time **To be completed by:** 5 July 2016	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. **Action taken as confirmed during the inspection**: Evidence was in place to confirm that the residents' next of kin and social worker were consulted on purchases made on behalf of the resident.	**Met**
Last care inspection recommendations		**Validation of compliance**
Recommendation 1 **Ref**: Standard 16.1 **Stated:** First time **To be completed by:** 5 July 2016	The registered person should establish a safeguarding champion in detail in relation to the safeguarding guidance (Adult Safeguarding Prevention Protection in Partnership, July 2015). **Action taken as confirmed during the inspection**: This has been established accordingly.	**Met**

4.3 Is care safe?

The team leader 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 on duty.

Staffing levels at the time of this inspection consisted of;

- 1 x team leader
- 2 x support workers
- The registered manager and other staff were in attendance at training in another facility

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

Discussion with 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 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.

An inspection of the recruitment and selection policy and procedure confirmed that it complied with current legislation and best practice. Staff recruitment and selection is undertaken by the organisation's human resource department and the registered manager. The records confirming compliance with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 were held in a locked filing cabinet by the registered manager for confidentiality reasons. Therefore staff personnel files were not inspected on this occasion.

Enhanced Access NI 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. An inspection of a record of these found this to be appropriately maintained.

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

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

The locality manager who was also visiting the home confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the locality 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.

A review of policy and procedure on restrictive practice/behaviours which challenge confirmed that this was in keeping with DHSSPS Guidance on Restraint and Seclusion in Health and Personal Social Services (2005) and the Human Rights Act (1998*).* It also reflected current best practice guidance including Deprivation of Liberties Safeguards (DoLS).

No obvious restrictive type care practices were observed at the time of this inspection.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this this 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.

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 home was found to be clean and tidy with a good standard of décor and furnishings being maintained. Residents' bedrooms were comfortable and personalised with photographs, memorabilia and personal items.

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 8 March 2016. Five recommendations were noted to have been made from this assessment. A recommendation was made for recorded evidence to be put in place to confirm the actions taken with these recommendations.

Review of staff training records confirmed that staff completed fire safety training twice annually. Fire drills were completed recently in July and November 2016. 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 up to date basis. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Areas for improvement

One area for improvement was identified in relation to recording evidence of actions taken in response to the fire safety risk assessment.

Number of requirements	0	Number of recommendations	1

4.4 Is care effective?

Discussion with the team leader 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 were reviewed 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 reviewed were observed to be signed by the resident's representative.

Discussion with staff confirmed that a person centred approach underpinned practice. This was confirmed from discussion with staff on duty who demonstrated good knowledge and understanding of residents' individual needs and care.

An individual agreement setting out the terms of residency was in place. However from the sample of two inspected on this occasion, neither was signed by the resident's representative nor aligned care manager. A requirement was made for these agreements to shared and signed accordingly.

The locality 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' meetings, staff meetings and staff shift handovers. 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. Interactions were found to be polite, friendly, warm and supportive.

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

Areas for improvement

One area of improvement was identified in relation to ensuring that individual resident's agreements setting out the terms of residency are signed by their representative and aligned care manager.

Number of requirements	1	Number of recommendations	0

4.5 Is care compassionate?

The team leader confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and choice.

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

The inspector met three residents in the home at the time of this inspection. Due to levels of dependencies none of the residents could articulate their views on life in the home. However, the residents did appear to be comfortable, content and at ease in their environment and interactions with staff.

Discussion with staff and inspection of a sample of residents' care records 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 from observations of the handover report given to staff.

Residents were provided with information, in a format that they may understand which enabled them to make informed decisions regarding their life, care and treatment.

Discussion with 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.

Staff confirmed that residents were listened to, valued and communicated with in an appropriate manner.

Observations of care practices 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, representative meetings and staff knowledge of individual residents' needs, likes and dislikes.

Residents and their representatives are consulted with, at least annually, about the quality of care and environment. The findings from the consultation were collated into a summary report which was made available for residents and other interested parties to read. An action plan was developed and implemented to address any issues identified.

Discussion with staff, confirmed that residents were enabled and supported to engage and participate in meaningful activities. For example three residents were in attendance at their day care placements at the time of this inspection. Arrangements were in place for residents to maintain links with their friends, families and wider community. Examples of this included meals out, or trips to a nearby leisure centre.

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

4.6 Is the service well led?

The home has a defined management and governance structure in place. These were found to be in line with good practice. 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 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 information and guidance displayed.

Inspection of the complaints records confirmed that no expressions of such had been received.

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

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. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read. An inspection of two of these reports found these to be appropriately maintained.

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

Discussion with the team leader in charge identified that she had understanding of her role and responsibilities.

Inspection of the premises confirmed that the RQIA certificate of registration and employers liability insurance certificate were displayed.

Review of records and discussion with staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this.

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

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

Areas for improvement

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

Number of requirements	0	**Number of recommendations**	0

5.0 Quality improvement plan

Any issues identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Paula Millen, team leader, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/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 provider 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 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.

5.1 Statutory requirements

This section outlines the actions which must be taken so that the registered provider 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 provider/manager may enhance service, quality and delivery.

5.3 Actions to be taken by the registered provider

The QIP should be completed and detail the actions taken to meet the legislative requirements and recommendations stated. The registered provider should confirm that these actions have been completed and return the completed QIP to care.team@rqia.org.uk for assessment by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the registered provider from their responsibility for maintaining compliance with the regulations and standards. It is expected that the requirements and recommendations outlined in this report will provide the registered provider with the necessary information to assist them to fulfil their responsibilities and enhance practice within the service.

Quality Improvement Plan

Statutory requirements	
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.
	Response by registered provider detailing the actions taken: After discussion with the Regional Manager and RQIA Inspector we have reviewed the Finincial Agreements that set out the terms of residency. They will be re written in accordance with Regulation 5 to include the necessary signatures and information.
Recommendations	
Recommendation 1 **Ref**: Standard 29.1 **Stated:** First time **To be completed by:** 22 December 2016	The registered provider should record evidence of actions taken in response to the fire safety risk assessment dated 8 March 2016.
	Response by registered provider detailing the actions taken: The actions have been detailed on the Fire Risk Assessment Action Plan and I have attached the necessary information

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

The Regulation and Quality Improvement Authority

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