



The Regulation and
Quality Improvement
Authority

Secondary Unannounced Care Inspection

Name of Establishment: Garryduff House

Establishment ID No: 1696

Date of Inspection: 11 December 2014

Inspector's Name: John McAuley

Inspection No: IN017521

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501

1.0 General Information

Name of Home:	Garryduff House
Address:	2 Garryduff Road Ballymoney BT53 7AF
Telephone Number:	02827666220
Email Address:	garryduffbungalow@trianglehousing.org.uk
Registered Organisation/ Registered Provider:	Triangle Housing Association Mr Christopher Alexander
Registered Manager:	Ms Jacqueline Peacock
Person in Charge of the home at the time of Inspection:	Ms Jacqueline Peacock
Categories of Care:	LD ,LD(E)
Number of Registered Places:	7
Number of Residents Accommodated on Day of Inspection:	4 plus 3 at day care placements
Scale of Charges (per week):	£939 - £1324
Date and type of previous inspection:	Primary Announced 22 July 2014
Date and time of inspection:	11 December 2014 10:30am – 2:15pm
Name of Inspector:	John McAuley

2.0 Introduction

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

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

3.0 Purpose of the Inspection

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

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

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

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2008)

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

4.0 Methods/Process

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

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

5.0 Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standard: 9 Health and Social Care

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

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

6.0 Profile of Service

Garryduff House is situated on the Garryduff Road on the edge of the town of Ballymoney. The residential home is owned and operated by Triangle Housing Association. The registered manager is Ms Jacqui Peacock.

Accommodation for residents is provided in seven single rooms on a ground floor level. A communal lounge and dining area is provided, as are sanitary, catering and laundry facilities.

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

Residential care – LD Learning Disability and LD (E) Learning Disability – over 65 years

7.0 Summary

This secondary unannounced care inspection of Garryduff House was undertaken by John McAuley on 12 December 2014 between the hours of 10:30am and 2:15pm. The registered manager, Ms Jacqueline Peacock was available during the inspection and for verbal feedback at the conclusion of the inspection.

The previous inspection to the home was a primary announced inspection on 22 July 2014. There were no requirements or recommendations made as a result of that inspection.

The focus of this unannounced inspection was Standard 9 of the DHSSPS Residential Care Homes Minimum Standards on Health and Social Care. Review of this standard found there were processes in place to ensure the effective management of the standard inspected. Care records confirmed evidence that issues of assessed need had a recorded statement of care / treatment given and effect of same. This included referrals to the resident's GP and / or aligned healthcare professional(s). Discussions with staff revealed knowledge and understanding of residents' needs and prescribed interventions to promote their wellbeing. This was further evidenced via observations of care practices, as discussed later in this report. This standard was overall assessed as compliant.

During the inspection the inspector met with residents and staff, observed care practices, examined a selection of records and carried out a general inspection of the residential care home environment.

Due to dependencies, none of the residents in the home at the time of this inspection could articulate their views about the home. However other than one resident the other three residents appeared comfortable and well cared for. The other resident concerned was displaying high levels of restless and agitated behaviour and was clearly not well. Staff were observed to attend to this resident's needs with sensitivity and care, but despite this there was an impact on other residents' life in the home. During this inspection it was very evident that the registered manager was dealing with this matter in an appropriate manner, taking a compassionate and consultative approach to same, which was to be commended.

Staff confirmed that they were supported in their respective roles and that they are provided with the relevant resources and training to undertake their respective duties. The only concerns that were expressed were in relation to one particular resident's increased needs, which they felt was being appropriately dealt with, given the circumstances.

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

The home was clean and tidy, with a good standard of décor and furnishings being maintained.

One requirement was made as a result of the secondary unannounced inspection. This was in relation to notifications as discussed later in this report.

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

8.0 Follow-Up on Previous Issues

There was no requirements or recommendations made on the previous care inspection.

9.0 Inspection Findings

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.1 The home has details of each resident's General Practitioner (GP), optometrist and dentist. If a resident has to register with a new GP, optometrist or dentist after admission, the resident is provided with information on the choice of services in the locality and assisted in the registration process.	COMPLIANCE LEVEL
Inspection Findings:	
A review of residents' care records confirmed that the details of each resident's GP and aligned healthcare professionals were recorded. Assistance is in place, for those residents who need to register with a new GP and / or healthcare professional.	Compliant
Criterion Assessed: 9.2 The general health and social care needs of the categories of residents the home accommodates are understood by staff, and they have knowledge of basic health practices and interventions that promote the health and welfare of the residents.	COMPLIANCE LEVEL
Inspection Findings:	
Discussions with staff on duty confirmed that they had knowledge and understanding of residents' needs and practices and interventions prescribed. This knowledge and understanding was found to correspond with the assessments and care plans reviewed. There were individual assessments in place of residents' continence care needs, and general observations of this specific area of care identified no obvious concerns in relation to same.	Compliant

STANDARD 9 - Health and social care The health and social care needs of residents are fully addressed.	
Criterion Assessed: 9.3 The general health and welfare of residents is continually monitored and recorded. Referrals are made to, or advice is sought from, primary health care services and social services when necessary and documented in the resident's records.	COMPLIANCE LEVEL
Inspection Findings:	
A review of residents' care records confirmed that issues of assessed need had a recorded statement of care / treatment given and effect of same. This included referrals to the aligned health care professional(s). Discussions with staff and the registered manager in relation to specific residents' needs revealed good knowledge of the prescribed plan of care in place.	Compliant
Criterion Assessed: 9.4 Where appropriate, the resident's representative is provided with feedback from health and social care appointments and informed about any follow up care required.	COMPLIANCE LEVEL
Inspection Findings:	
Evidence was in place to confirm that the resident's representative is provided with feedback from health and social care appointments and any follow up care required. This evidence was recorded in a contact record with the resident's representative and also in the resident's progress records.	Compliant

STANDARD 9 - Health and social care
The health and social care needs of residents are fully addressed.

Criterion Assessed: 9.5 There are systems for monitoring the frequency of residents' health screening, dental, optometry, podiatry and other health or social care service appointments, and referrals are made, if necessary, to the appropriate service.	COMPLIANCE LEVEL
Inspection Findings:	
A record is maintained of each resident's contact with their aligned health care professional(s). There was also evidence in place to confirm that referrals are made as necessary to the appropriate service.	Compliant
Criterion Assessed: 9.6 There are systems for maintaining residents' spectacles, dentures, personal equipment and appliances so that they provide maximum benefit for each resident.	COMPLIANCE LEVEL
Inspection Findings:	
General observations of residents' aids, appliances and equipment found these were maintained in good order.	Compliant

10.0 Additional Areas Examined

10.1 Resident's consultation

The inspector met with all the residents in the home at the time of this inspection. Due to dependencies none of the residents in the home could articulate their views about the home.

However all but one resident, appeared comfortable and well cared for with no concerns identified.

The other resident concerned was exhibiting high levels of restless and agitated behaviour and was clearly not well.

10.2 Relatives/representative consultation

There were no visiting relatives in the home at the time of this inspection.

10.3 Staff consultation

The inspector spoke with four members of staff of various grades on duty. All spoke in positive terms about the provision of care, the resources and training in place to support their roles, and the teamwork and staff morale. The only issue of concern expressed was in relation to the increase needs of one particular resident in the home, which staff felt was being managed appropriately given the circumstances.

10.4 Visiting professionals' consultation

The inspector did not meet with any visiting professionals to the home at the time of this inspection.

10.5 Environment

The home was clean and tidy with a good standard of décor and furnishings being maintained.

10.7 Care practises

Observations of care practices throughout this inspection found that residents were treated with dignity and respect. Care duties were organised at an unhurried pace and residents' individual needs relating to rest, continence, social activity and dietary were appropriately attended to. Staff interactions with residents were found to be polite, friendly, warm and supportive.

One resident in the home was being cared for on an one to one basis due to significant care needs. Observations of care practices to this resident found these were done with sensitivity and compassion. However due to the limited space in the general environment this resident's needs did have an impact on other residents' needs in terms of space and general ability to relax. Clear evidence was in place to confirm that the registered manager was managing this situation in an appropriate manner, taking a compassionate and consultative approach to same.

10.8 Accident / incident reports

A review of the home's accident / incident records together with discussions with the registered manager found that there were incidents that occurred in the home where a resident's behaviour had an impact on the resident with medical intervention sought and / or the behaviour had an impact on the well-being of other residents. These incidents were not notified to RQIA but were to the resident's aligned social worker. A requirement was made for subsequent appropriate notification of such to be put in place.

The review of accident / incident reports from 22 July 2014 found these otherwise to be managed appropriately.

11.0 Quality Improvement Plan

The details of the Quality Improvement Plan appended to this report were discussed with the registered manager Ms Jacqueline Peacock, as part of the inspection process.

The timescales for completion commence from the date of inspection.

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

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

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



The Regulation and
Quality Improvement
Authority

Quality Improvement Plan
Secondary Unannounced Care Inspection

Garryduff House

11 December 2014



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

The specific actions set out in the Quality Improvement Plan were discussed with the (registered manager **Ms Jacqueline Peacock**) either during or after the inspection visit.

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

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

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


Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

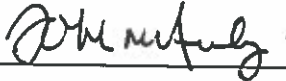
Statutory Requirements

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	30(1)(d)	<p>The registered person shall give notice to the RQIA without delay the occurrence of –</p> <p>(d) any event in the home which adversely affects the care, health, welfare or safety of any resident.</p> <p>Reference to this is made in that incidents of challenging type behaviour were medical intervention is sought or that has an impact on the well-being of other residents must be notified to RQIA.</p>	One	The Registered Manager can assure the care team that all adverse events will be reported without delay. Especially any incidents of challenging type behaviour were medical intervention is sought or has an impact on any other resident.	12 December 2014

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

NAME OF REGISTERED MANAGER COMPLETING QIP	Jacqueline Peacock
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	CHRISTOPHER M. ALEXANDER. 

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes.		9/3/15
Further information requested from provider			