



The Regulation and
Quality Improvement
Authority

Garryduff Hosue
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BT53 7AF

Inspector: John Mc Auley
Inspection ID: IN023133

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**Unannounced Care Inspection
of
Garryduff House**

18 June 2015

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of Inspection

An unannounced care inspection took place on 18 June 2015 from 10:15am to 1:45pm. Overall on the day of the inspection the home was found to be delivering safe, effective and compassionate care. No areas for improvement were identified.

This inspection was underpinned by the Residential Care Homes Regulations (Northern Ireland) 2005, The DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

1.1 Actions/ Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

1.2 Actions/ Enforcement Resulting from this Inspection

Enforcement action did not from the findings of this inspection.

1.3 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 can be found in the main body of the report.

2. Service Details

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|---|---|
| Registered Organisation/ Registered Person: Christopher Harold Alexander | Registered Manager: Jaqueline Peacock |
| Person in Charge of the Home at the Time of Inspection: Jaqueline Peacock | Date Manager Registered: April 2005 |
| Categories of Care: RC-LD, RC-LD(E) | Number of Registered Places: 7 |
| Number of Residents Accommodated on Day of Inspection: 5 | Weekly Tariff at Time of Inspection: £899 - £1291 |

3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

Standard 14: The death of a resident is respectfully handled as they would wish.

Theme: Residents receive individual continence management and support.

4. Methods/ Process

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

- Prior to inspection we analysed the following records; notification reports and previous inspection report.
- During the inspection we met with all the residents, three staff and the registered manager.
- We inspected the following records; residents' care records, accident/ incident reports, and policies and procedures and aligned guidance available to the standards inspected.

5. The Inspection

5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 11 December 2014. The completed QIP was returned and approved by the care inspector.

| Previous Inspection Statutory Requirements | |
|---|---|
| <p>Requirement 1</p> <p>Ref: Regulation 30(1)(d)</p> | <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 where medical intervention is sought or that has an impact on the well-being of other residents must be notified to RQIA.</p> |
| | <p>Action taken as confirmed during the inspection:</p> <p>An inspection of the accident/ incident reports found these to be appropriately reported.</p> |

5.2 Standard 14: The death of a resident is respectfully handled as they would wish

Is Care Safe? (Quality of Life)

Residents can and do spend their final days of life in the home. This is unless there is a documented health care need that prevents this.

In our discussions with staff in respect of this area of care, they advised that they considered care as compassionate. The registered manager provided us an example of how with the resident's wish, other staff who wished to comfort a resident who was dying were enabled to. Other residents and staff have the opportunity to pay their respects and are provided with support if needed.

Staff also explained to us that other residents are informed in a sensitive manner of the death of a resident.

We noted that within the home's policy, when a death of a resident occurs, their belongings are handled with care and respect. The room is permitted to be vacant. The resident's next of kin or family take the lead in dealing with the deceased resident's belongings at a sensitive and convenient time after the burial.

We inspected a sample of compliment letters and cards. Some were received from families of deceased residents. In these correspondences there were nice messages of praise and gratitude received during this period of care.

The spiritual needs of the resident were assessed. In our discussions with staff we confirmed they had knowledge and understanding of residents' spiritual requests and choices at this time of care.

Is Care Effective? (Quality of Management)

Residents can spend their final days in the home unless there are documented health care needs to prevent this.

A care plan is put in place for each resident who is receiving palliative care by district nursing services.

We inspected two residents' care records and could confirm that a care plan was in place pertaining to this need. Details included arrangements with spiritual care, if so wished.

Each resident has an individual bereavement plan in place. The registered manager also assists in this plan when a resident or their family are not able to. For example it was explained to us that the registered manager instigated research into finding a resident's family plot, which was previously not readily known. This is to be commended.

Is Care Compassionate? (Quality of Care)

The home has policies and procedures pertaining to terminal and palliative care and death of a resident. These policies and procedures guide and inform staff on this area of care. There is associated guidance available for staff.

Staff have received training in this area of care. This training also included counselling type support for staff with two recent deaths that occurred in the home.

In our discussions with the registered manager it was explained how a deceased resident's wishes were carried out with the resident's family. Gestures of acknowledgment and kindness were described, such as providing a liturgy at the funeral service and offertory gifts. This is to be commended.

In our discussions with staff they demonstrated that they had knowledge and understanding of how to care for this area of need. Staff also advised us that there is a supported ethos with the management in the home. This supportive ethos instilled reflective learning and practice.

Areas for Improvement

There were no areas of improvement identified with this standard inspected. The overall assessment of this standard considered to be compassionate, safe and effective.

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|--------------------------------|----------|-----------------------------------|----------|
| Number of Requirements: | 0 | Number of Recommendations: | 0 |
|--------------------------------|----------|-----------------------------------|----------|

5.3 Theme: Residents receive individual continence management and support

Is Care Safe? (Quality of Life)

Staff have received training in continence management. In our discussions with staff they also demonstrated knowledge and understanding of this area of care.

We inspected two residents' care records and found an individualised assessment and plan of care was in place. Issues of assessed need are referred to district nursing services. The district nurse in consultation with the resident and the home prescribes a plan of care. This plan of care includes provision of incontinence aids.

From our observations we found there to be adequate supplies of aprons, gloves and hand washing dispensers.

In our discussions with staff, general observations together with a review of care records we identified no mismanagement of this area of care, such as malodours or breakdown of skin integrity.

Is Care Effective? (Quality of Management)

The home has policies and procedures pertaining to the management of continence. There are also associated guidance and information available to staff.

Staff have received training in continence management.

Identified issues of assessed need are reported to district nursing services for advice and direction.

Is Care Compassionate? (Quality of Care)

From our discreet observations of care practices we found that residents were treated with care, dignity and respected when being assisted by staff. Continence care was undertaken in a discreet private manner.

Areas for Improvement

There were no areas of improvement identified with this standard inspected. The overall assessment of this standard considered to be compassionate, safe and effective.

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| Number of Requirements: | 0 | Number of Recommendations: | 0 |
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5.4 Additional Areas Examined

We met with all residents in the home. Due to their levels of dependencies none of the residents could articulate their views about the home. The residents did appear to be comfortable, content and at ease in their environment and interactions with staff.

i.5.2 Relatives' Views

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

i.5.3 Staff Views

From our discussions with staff on duty, they spoke with positive regard to the provision of care, staffing, teamwork, morale, training and managerial support.

Five staff questionnaires were distributed for return.

i.5.4 Accident/ Incident reports

A review of these reports from the previous inspection was undertaken. These were found to be appropriately managed.

i.5.5 General Environment

We found the home to be clean and tidy, with good housekeeping arrangements in place. The general décor and furnishings were of a good standard.

Residents' bedrooms were comfortable and facilitated with personal artefacts and memorabilia.

i.5.6 Care Practices

Throughout our discreet observations of care practices we noted residents being treated with dignity and respect. Care duties were organised.

Staff interactions with residents were found to be polite, friendly, warm and supportive. A nice homely atmosphere was in place.

i.5.7 Fire Safety

Fire safety training including fire safety drills were maintained on an up to date basis.



The home's most recent fire safety risk assessment dated 20 February 2015 was reviewed. The one recommendation from this assessment was reported to being dealt with.

We observed no obvious risks within the environment in terms of fire safety, such as wedging opening of doors.

Areas for Improvement

There were no areas of improvement identified with these additional areas inspected.

No requirements or recommendations resulted from this inspection.

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|--|---|-----------------------|----------|
| I agree with the content of the report. | | | |
| Registered Manager | Jacqui Peacock | Date Completed | 31/7/15 |
| Registered Person |  | Date Approved | 31/07/15 |
| RQIA Inspector Assessing Response |  | Date Approved | 3/8/15 |

Please provide any additional comments or observations you may wish to make below:

Please complete in full and returned to care.team@rqla.org.uk from the authorised email address

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 home. 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.