

Inspection Report

Name of Service: Giboney House
Provider: Clanmil Housing Association
Date of Inspection: 17 June 2025

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider:	Clanmil Housing Association
Responsible Person:	Mrs Carol McTaggart
Registered Manager:	Mrs Geraldine Boyce
<p>Service Profile –</p> <p>This home is a registered residential care home which provides health and social care for up to 15 residents. Residents have a range of needs and the home provides care for residents living with a mental health disorder excluding learning disability, residents living with dementia and general residential care.</p> <p>Residents’ bedrooms all have en suite facilities and are located over two floors. Residents have access to a communal lounge, dining area and an outdoor garden.</p>	

2.0 Inspection summary

An unannounced inspection took place on 17 June 2025, between 9.35 am and 3.30 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified by RQIA, during the last care on 28 July 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

It was established that staff promoted the dignity and well-being of residents and that staff were knowledgeable and trained to deliver safe and effective care. Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

As a result of this inspection three areas for improvement were assessed as having been addressed by the provider. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from resident's, relatives, staff or the commissioning Trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents spoken with described staff as 'very good' and 'nice.' Residents comments included; "It's not bad here, the staff are very good," and "I am very lucky to be here, so far I am very happy."

Residents told us that their relatives could visit whenever they wished and were always made feel welcome when they visited the home.

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could choose where they wished to have their meal and what daily activity they wished to attend.

Residents also told us that they were encouraged to participate in regular resident meetings which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices. A review of records confirmed that resident meetings were taking place.

One residents' relative said, "the staff are brilliant, they feel like family, they go above and beyond."

Staff said that they enjoyed working in Giboney, staff said “I love my job” and “I love it here, the staff are very good.”

No additional feedback was received from residents, relatives or staff following the inspection.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was lack of robust oversight of the recruitment process within the home. For example, in one recruitment file references had not been obtained from the most recent employer, in addition to this, in a second recruitment file gaps in employment had not been discussed. An area for improvement was identified.

Residents said that there was enough staff on duty to help them. Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels.

Observation of the delivery of care evidenced that residents’ needs were met by the number and skills of the staff on duty.

Review of staff training evidenced that for some staff fire training had not been completed within the required timeframe. An area for improvement was identified.

There was evidence that staff had received their formal appraisal; however, there was limited evidence that all staff had received formal supervision within the required timeframe. An area for improvement was identified.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents’ needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents’ needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents’ needs. For example, during the morning activity and throughout the lunch time experience staff were observed using encouragement and gentle, respectful humour to support residents to join in.

It was observed that staff respected residents’ privacy by their actions such as knocking on doors before entering, discussing residents’ care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering resident choice in how and where they spent their day or how they wanted to engage socially with others.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Residents may require special attention to their skin care. These residents were assisted by staff to change their position regularly and care records accurately reflected the residents' assessed needs.

Where a resident was at risk of falling, measures to reduce this risk were put in place. Examination of care records and discussion with the staff and manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified.

Observation of the lunchtime meal, review of records and discussion with residents, staff and the manager indicated that there were robust systems in place to manage residents' nutrition and mealtime experience.

Staff understood that meaningful activity was not isolated to the planned social events or games. An activities schedule was in place for residents to take part in if they wished to do so. However, residents and staff said that some residents preferred not to take part in these activities preferring instead to spend time chatting to friends and watching TV.

A review of records confirmed that residents participated in regular resident's meeting which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices.

Life story work with residents and their families helped to increase staff knowledge of their residents' interests and enabled staff to engage in a more meaningful way with their residents throughout the day.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs.

Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents’ relatives, if this was appropriate.

3.3.4 Quality and Management of Residents’ Environment Control

The home was clean, tidy and well maintained. For example, residents’ bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

‘Homely’ touches such as snacks and drinks were available for residents in the dining area.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out on a regular basis.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mrs Geraldine Boyce has been the manager in this home since May 2025. The manager has confirmed her intention to apply to register with RQIA.

Residents and staff commented positively about the manager and described her as supportive and approachable.

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	1	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Geraldine Boyce, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 21 (1) (b) Stated: First time To be completed by: 31 July 2025	<p>The registered person shall ensure that all staff recruited to the home have a reference form the most recent employer and that there is evidence that all gaps in employment have been are addressed.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: During the recruitment process all potential staff members are asked to explain any gaps they have had in their employment. We are currently working closely with our HR colleagues to ensure there is a robust system in place for all the aspects of the pre-employment checks and are signed off by the Home Manager before employment begins</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (Dec 2022)	
Area for improvement 1 Ref: Standard 23 Stated: First time To be completed by: 31 July 2025	<p>The registered person shall ensure that staff who work in the home receive mandatory training as appropriate to their role. This area for improvement includes but is not limited to mandatory training with regards to fire awareness.</p> <p>Ref 3.3.1</p> <p>Response by registered person detailing the actions taken: All staff are monitored closely to ensure they attend all the mandatory training required of them, appropriate to their role. An audit will be completed monthly of all staff to identify any gaps in training</p>
Area for improvement 2 Ref: Standard 24.2 Stated: First time To be completed by: 31 July 2025	<p>The registered person shall ensure that all staff have recorded individual, formal supervision no less than every six months.</p> <p>Ref: 3.3.1</p> <p>Response by registered person detailing the actions taken: All staff currently receive at least 8 weekly supervisions with their line manager . They have all completed 1 supervision since May this year and there are planned dates in place for the rest of the year</p>

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