

# Inspection Report

03 October 2023



## Leonard Cheshire ARBI

**Type of Service: Residential Care Home**

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Assurance, Challenge and Improvement in Health and Social Care

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b> Leonard Cheshire Disability	<b>Registered Manager:</b> Carol Shields – not registered
<b>Responsible Individual</b> Mrs Emma Bailie	
<b>Person in charge at the time of inspection:</b> Carol Shields	<b>Number of registered places:</b> 14
<b>Categories of care:</b> Residential Care (RC) MP – Mental disorder excluding learning disability or dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years. LD – Learning disability LD(E) – Learning disability – over 65 years PH – Physical disability other than sensory impairment PH(E) - Physical disability other than sensory impairment – over 65 years D – Past or present drug dependence A – Past or present alcohol dependence.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 13
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides health and social care for up to 14 residents living with an Alcohol Related Brain Injury. The home is divided over two floors.	

## 2.0 Inspection summary

An unannounced inspection took place on 03 October 2023, from 9.30am to 3.30pm by a care inspector.

The inspection assessed progress with the two areas of improvement identified in the home since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

It was evident that staff had a good understanding of residents needs and treated them with kindness and respect. Residents looked well cared for and said that living in the home was a good experience.

One new area for improvement were identified during this inspection in relation to the home's environment as carpets and chairs throughout the home were stained and worn and need replacing.

Based on the inspection findings RQIA were assured that the delivery of care and services provided in Leonard Cheshire ARBI was safe, effective, compassionate and well led. Addressing the area for improvement will further enhance the quality of care and services in the home.

### **3.0 How we inspect**

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

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home was observed and how staff went about their work.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the manager and deputy manager at the conclusion of the inspection.

### **4.0 What people told us about the service**

Residents told us that they are happy living in the home, they felt well looked after and listened to. Residents commented positively about staff and management. Comments made by residents included "staff are good" and "I feel safe here".

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that they felt supported by the manager, communication was good and there was good team working.

A record of compliments received about the home was kept and shared with the staff team, this is good practice.

Following the inspection two questionnaires were received from residents who confirmed they were satisfied with the care provided at Leonard Cheshire ARBI.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 6 <sup>th</sup> September 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27(4)(b)  <b>Stated:</b> First time	The Registered Person shall ensure that all fire doors are kept closed and free from obstruction.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 23.4  <b>Stated:</b> First time	The Registered Person shall ensure that an update programme of training relating to alcohol related brain injury/rehabilitation training is in place for staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> This area for improvement was met.	

## **5.2 Inspection findings**

### **5.2.1 Staffing Arrangements**

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job. A review of staff records confirmed that all staff, including agency staff, had completed an induction within the home. A review of the staff training matrix evidenced that mandatory training for staff was completed as required.

The staff duty rota accurately reflected the staff working in the home and the duty rota identified the person in charge when the manager was not on duty. It was established that there were enough staff in the home to respond to the needs of residents in a timely way.

There were competency and capability assessments in place for staff left in charge of the home in absence of the manager.

There was a system in place to monitor staff registrations with the Northern Ireland Social Care Council (NISCC).

Staff spoke positively about teamwork, and confirmed that management support and communication between staff and management was good.

### **5.2.2 Care Delivery and Record Keeping**

Staff met at the beginning of each shift to discuss any changes in the needs of residents. Staff demonstrated their knowledge of individual resident's needs, preferred daily routines and likes/dislikes.

Staff were observed to respect resident's privacy and dignity, by knocking on doors before entering bedrooms and they were responsive to requests for assistance.

Review of care records confirmed that resident's needs were assessed at the time of admission to the home. Following assessment, care plans were developed to direct staff on how to meet resident's needs. This included any advice or recommendations made by other healthcare professionals; for example, the Community Addictions Team.

Care records were well maintained, regularly reviewed by staff and consistent in meeting resident's needs. Information was held in the care plans on what or who was important to the resident and input was provided by family where appropriate. Daily progress records were completed by staff and detailed any outcome of visits from relevant professionals. Residents care records were held confidentially.

Examination of records and discussion with the manager confirmed that the risk of falling and falls in the home were well managed. Where a resident was at risk of falling, measures to reduce this risk were put in place.

Some residents had been assessed as not having capacity to make certain decisions in order to maintain their safety. Deprivation of Liberty Safeguards (DoLS) records were in place and residents care plans reflected this.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Staff ensured that residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Staff told us how they were informed for resident's nutritional needs and confirmed that residents' care records were important to ensure residents received the right diet.

There was a choice of meals offered and the food was well presented. Residents said that they enjoyed their meal and they enjoy assisting staff with preparing food, as part of their rehabilitation plan.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

The home was clean, tidy and well maintained. Residents bedrooms were personalised with photographs and other personal belongings. Bedrooms and communal areas were suitably furnished and comfortable for residents. Bathrooms were clean however one bathroom did have four shower chairs and a resident's bicycle stored in it. This was discussed with the manager and will be reviewed at the next inspection.

Observation of the homes environment identified that some of the carpets and chairs were stained and worn and potentially in need of replacing. This was discussed with the manager and an area for improvement identified.

Fire safety measures were in place and well managed to ensure residents, staff and visitors in the home were safe. For example, corridors were free from clutter and fire doors were unobstructed.

Systems and processes were in place for the management of infection prevention and control. For example; there was ample supply of personal and protective equipment (PPE) and staff confirmed good availability of cleaning products.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records kept.

#### 5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spend their day. For example, residents could attend the therapeutic rehabilitation programmes, have a lie in or attend personal appointments.

Other activities included walking groups, mindfulness sessions, memory classes, music therapy and swimming. Staff spoke with enthusiasm and passion about the provision of activities in the home and how beneficial these were to residents in their rehabilitation journey.

Residents meetings were held regularly and agenda items for discussion included; activities, rehabilitation programmes, addictions counselling, support on discharge and end of life care.

#### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection.

Staff spoke positively about the manager saying she was approachable and supportive of their needs and development. Staff also told us that communication was good from management and this helps morale within the staff team.

The manager spoke with enthusiasm about her role and duties in the home and how the staff team work well together to ensure the needs of residents were met.

Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns about residents, care practices or the environment.

There was evidence of comprehensive auditing practices across various aspects of care and services provided in the home.

The manager had a robust system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

Each service is required to have a person, known as the Adult Safeguarding Champion, who has responsibility for implementing the regional protocol and the home's own safeguarding policy. The quality manager for the organisation was identified as the safeguarding champion. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail and action plans were addressed in a timely fashion. These reports were available for review by residents, their representatives, Trust staff and RQIA.

## 6.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	1

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 27.1  <b>Stated:</b> First time  <b>To be completed by:</b> 31 January 2024	<p>The registered person shall arrange for any stained or worn carpets or furniture to be cleaned, repaired or replaced.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            Carpets and furniture have been cleaned. Repairs and replacement of furniture and carpets have been reviewed by Leonard Cheshire estates and will be scheduled on next contract of works. This will be completed by end of February 2023.</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**





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