

Inspection Report

4 October 2021



Leonard Cheshire ARBI

Type of Service: Residential Care Home
Address: 126 Upper Knockbreda Road, Belfast, BT6 9QB
Tel no: 07701 395 415

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Leonard Cheshire Disability Responsible Individual Fiona McCabe	Registered Manager: Carol Shields - not registered
Person in charge at the time of inspection: Carol Shields	Number of registered places: 14
Categories of care: Residential Care (RC) DE – Dementia 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.	Number of residents accommodated in the residential care home on the day of this inspection: 14
Brief description of the accommodation/how the service operates: 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 4 October 2021 from 9.25am to 2.10pm by a care inspector.

The inspection assessed progress with all areas for 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.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the management team.

One area requiring improvement was identified regarding the wearing and changing of fluid repellent surgical face masks.

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.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 and 'Tell Us' cards 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 Carol Shields, manager, at the conclusion of the inspection.

4.0 What people told us about the service

Five residents told us they liked the staff in the home, describing them as kind and friendly; one resident stated, "I don't know where I'd be without them". Residents told us they also liked being able to develop their independence in the home, while having space and privacy.

Staff said they enjoyed working in the home, particularly seeing resident's improve and move onto more independent living arrangements. Staff described recent management changes as having a positive impact on the service.

They also felt well supported by management and the training arrangements in the home. One questionnaire was returned following the inspection, and the staff member reported they were very satisfied that the care provided in the home was safe, effective and compassionate, and that the service was well led.

No visitors were present during the inspection and no questionnaires were returned following the inspection.

A record of compliments received about the home was kept and shared with the staff team; this is good practice. One relative complimented the home saying the staff, "have made such a difference to (my relative's) life and we are truly thankful to you all for the care and encouragement you give (them). (They) are very lucky to be a resident."

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 26 & 27 October 2020		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for improvement 1 Ref: Standard 25.6 Stated: First time	The registered person shall ensure a full and accurate record is kept of all staff working over a 24-hour period and the capacity in which they worked. Ref: 6.2.1	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Area for improvement 2 Ref: Standard 28.3 Stated: First time	The registered person ensures safe and healthy work practices through the provision of information and monitoring of staff in infection control; specifically that staff do not wear long sleeves or jewellery when working in the home. Ref: 6.2.6	Met
	Action taken as confirmed during the inspection: There was evidence that 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 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. Some staff expressed their wish to receive additional training in relation to the Mental Capacity Act (NI) 2016 and Deprivation of Liberty Safeguards (DoLS). This was shared with the manager for action and review.

The manager maintained oversight of staff's professional registration with Northern Ireland Social Care Council (NISCC) however we were unable to confirm the date of staff's current registration during the inspection. This was addressed by the manager who provided written confirmation following the inspection that all staff's registration was in date.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

As referenced in section 5.1, the staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. For example, residents could go for a walk or to the local shop, or have a lie in, depending on how they felt that morning.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

No concerns regarding staffing levels were raised by residents. There was evidence of professional, yet friendly and relaxed working relationships between residents and staff. One resident told us they felt 'spoilt rotten' by staff, who supported them practically and emotionally. Another resident joked they referred to one staff member as "the gaffer" as they help keep them organised.

In summary, assurances were provided that staffing arrangements in the home were safe and staff conducted their jobs in a professional and polite manner.

5.2.2 Care Delivery and Record Keeping

Staff promptly recognised 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. Residents were encouraged to engage in therapeutic activities, and if they declined, staff ensured to offer an alternative activity or support to residents.

Staff demonstrated good knowledge of individual residents' needs, their daily routine, wishes and preferences. 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 support with personal care or daily tasks to residents discreetly.

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. There was evidence that residents' needs in relation to nutrition and the dining experience were being met. Residents' weights were checked at least monthly to monitor weight loss or gain.

Residents' needs were assessed 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. 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.

The majority of care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them. Two care records did not include care plans about how to support the resident to maintain their mental health; the manager provided these before the end of the inspection. The manager also immediately addressed an issue where a small number of care records did not include a recent photograph of the resident.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean, tidy and well maintained.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, and comfortable.

Residents said they liked their bedrooms, especially the privacy of having an en-suite bathroom. Residents also described the benefits to their confidence and self-esteem in keeping their bedrooms tidy, with support of staff.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents and staff.

Review of records, observation of practice and discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided. Staff demonstrated knowledge of regional guidance on use of PPE and this was mostly adhered to. While all staff wore a fluid repellent surgical face mask, there were occasions when members of staff did not change their mask and sanitise their hands after pulling down or continually touching their masks. An area for improvement was identified.

Staff were observed to carry out hand hygiene at appropriate times and encourage residents to do the same. Hand hygiene was regularly monitored by the manager and records were kept. It was positive that a previous area for improvement regarding hand hygiene was met during this inspection.

Visiting arrangements were managed in line with DoH and IPC guidance.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. Residents and staff described residents were offered choice throughout the day, and this was evident during the inspection. This included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time.

Residents also told us that they were encouraged to participate in regular resident meetings which provided an opportunity for residents to comment on aspects of the running of the home. Residents could also volunteer to take the minutes of these meetings. This is a great example of collaborative working.

Residents' needs were met through a range of individual and group activities including exercise, memory classes, music therapy, pamper sessions, walking groups, art therapy and outdoor activities. A new group activity was due to start on the day of inspection; this aimed to develop resident's knowledge and skills in managing their physical health while linking them in with accessible community services, such as the local pharmacy.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. No concerns regarding management arrangements were raised by residents.

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 or worries about residents, care practices or the environment. Staff commented positively about the manager and the management team and described them as supportive, approachable and always available for guidance.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

The manager had implemented a 'risk register' to ensure she maintained comprehensive oversight and monitoring of areas of risk in the home. This included tracking any Deprivation of Liberty Safeguards (DoLS) in place in the home. These arrangements were reviewed and updated documentation retained within care records.

There was a system in place to manage complaints. Residents said that they knew who to approach if they had a complaint.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

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; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

6.0 Conclusion

Residents were positive about their experiences living in the home. Residents were provided with choice, dignity, and privacy, and supported to develop their independence and skills of daily living.

We observed care being delivered in a timely and compassionate manner by competent staff. Staff told us they felt well supported and liked working in the home.

There were good management and governance arrangements in the home. Where possible, any issues identified on the day were immediately addressed by the manager. Additional written information was provided to RQIA following the inspection; this provided sufficient assurance that issues were addressed in a timely way by the manager.

One area for improvement was identified however, overall, based on the inspection findings and discussions held we are satisfied that this service is providing safe and effective care in a caring and compassionate manner; and that the service is well led by the manager and management team.

7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with **The Residential Care Homes Regulations (Northern Ireland) 2005**.

	Regulations	Standards
Total number of Areas for Improvement	1	0

Areas for improvement and details of the Quality Improvement Plan were discussed with Carol Shields, 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 13.-(7) Stated: First time To be completed by: Immediate and ongoing	The manager and management team shall ensure that all staff wear and change fluid repellent surgical face masks in line with IPC guidance. Ref: 5.2.3 Response by registered person detailing the actions taken: All staff members within the service have been advised of this area of improvement. The service manager has discussed this at length during a staff meeting and ensured that all staff are aware of the reasoning behind the wearing and changing of surgical face masks during this pandemic. All staff have up to date infection control and donning and doffing training.

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The Regulation and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111

Email info@rqia.org.uk

Web www.rqia.org.uk

Twitter @RQIANews