

# Inspection Report

8 August 2024



## Leonard Cheshire ARBI

Type of service: Residential Care Home  
Address: 126 Upper Knockbreda Road, Belfast, BT6 9QB  
Telephone number: 07701395415

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Leonard Cheshire Disability  <b>Responsible Individual</b> Mrs Emma Bailie	<b>Registered Manager:</b>  Mr James Wilson
<b>Person in charge at the time of inspection:</b> James Wilson	<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>  14
<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. Residents have access to a communal lounge, dining room, kitchenette and outside space.	

## 2.0 Inspection summary

An unannounced inspection took place on 8 August 2024, from 9.45 am to 4.15 pm 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.

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.

Staff spoke positively of their experiences working in the home and of the support provided by the manager. Additional comments received from the residents and staff are included in the main body of the report.

Areas requiring improvement were identified during this inspection and details of these can be found in the main body of this report and in the Quality Improvement Plan (QIP) in section 6.0.

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

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

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 residents, relatives, staff or the Commissioning Trust.

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 management team at the conclusion of the inspection.

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

Residents told us they were happy living in the home, they felt well looked after and listened to by staff and management. Residents comments included “staff are very nice”, “staff are helpful” and “staff are thoughtful”. One residents comment about a specific need was shared with the management team for their consideration.

Staff spoke positively in terms of the provision of care in the home and their roles and duties. Staff told us that the manager is supportive and available for advice and guidance.

There were no questionnaire responses received following the inspection.

#### 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 04/04/2024		
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 13 (4)  <b>Stated:</b> First time	The registered person shall ensure that maximum and minimum temperatures of the medicines refrigerator are monitored each day and the thermometer reset.  Corrective action should be taken if temperatures outside the recommended range (2°C-8°C) are observed.	<b>Carried forward to the next inspection</b>
	<b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	
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 27.1	The registered person shall arrange for any stained or worn carpets or furniture to be cleaned, repaired or replaced.	<b>Not met</b>

<b>Stated:</b> First time	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was not met and will be stated for a second time.  Please refer to section 5.2.3 for further detail.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 32  <b>Stated:</b> First time	The registered person shall ensure that medicines, including controlled drugs in Schedule 4, Part (1), awaiting return to the community pharmacy are stored securely.  <b>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.</b>	<b>Carried forward to the next inspection</b>

## 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. Staff training compliance in the home was of a good standard. A review of staff records confirmed that new staff had completed an induction within the home.

The staff duty rota accurately reflected the staff working in the home on a daily basis.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. Examination of the staff duty rota confirmed this.

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

Staff received supervision sessions and an annual appraisal; and records were maintained.

There was a system in place to monitor staff registration with the Northern Ireland Social Care Council (NISCC), this evidenced that all staff who were required to be registered with NISCC, had this in place.

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.

Staff told us there was good teamwork, communication is good and they enjoy working in the home.

### 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, wishes, preferred activities and likes/dislikes.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress, including those residents who had difficulty making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

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 the resident's needs. This included any advice or recommendations made by other healthcare professionals; for example, the Speech and Language Team.

Some care records had not been regularly reviewed or updated to ensure they continued to meet the needs of residents. For example, one resident's care plan had not been reviewed to include details of support for their mental health, well-being and personal care. Another resident who had been assessed as needing a modified diet, did not have the specific details recorded in their care plan. One resident who had a recent change in their physical health, did not have the details recorded in their care plan. One resident who was at risk of falling, had a risk assessment in place that had not been reviewed for over one year. Two areas for improvement have been identified.

Some residents living in the home had been assessed as not having the capacity to make certain decisions in order to maintain their safety. Deprivation of Liberty Safeguards (DoLS) records were in place, however some residents care plans did not reflect this area of need. An area for improvement has been identified.

Review of records evidenced that residents' weights were checked monthly to monitor weight loss or gain and onward referral to the relevant professionals where necessary.

At times some residents may be required to use equipment that can be considered to be restrictive. For example; locked door and keypad exit/entry. It was established that safe systems were in place to manage this aspect of care.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Staff prepared the meal for residents due to ongoing recruitment for kitchen staff. The food was attractively presented and looked appetising. Residents told us that they enjoy the food provided in the home.

Staff told us how they were made aware of residents' nutritional needs and confirmed that accurate residents care records were important to ensure residents received the right diet

However, there was no menu available for residents or their representatives to view and only one option for the meal recorded for residents to choose from. Although staff were able to tell us that they offer residents alternatives, choices should be recorded. An area for improvement has been identified.

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

The home is an older, period style building that has been converted into a residential care facility. The home was warm and comfortable for residents.

Bedrooms were mostly tidy and personalised with photographs and other personal belongings for residents. However, there were concerns identified in a number of resident's bedrooms in relation to cleanliness, for example; there was evidence of bed linen requiring changed and the bedroom was cluttered, there was also evidence of a resident's fridge and floor requiring a deeper clean. This was discussed with the management team who explained that part of the residents' rehabilitation journey is to engage in cleaning tasks with the support of staff. However, it was evident that this current system required review. An area for improvement has been identified.

It was apparent that work was required in parts of the home to ensure the homes environment was maintained and decorated to a good standard. Flooring in parts of the home was worn and stained and needed to be effectively cleaned or replaced. An area for improvement has been stated for a second time.

It was noted that one bathroom was being used for storing equipment, this was discussed with the manager who agreed to remove the equipment and written confirmation was provided to RQIA following the inspection that this had been actioned.

Observation of the kitchen which residents have access to, evidenced that cleaning chemicals were not safely stored in keeping with Control of Substances Hazardous to Health (COSHH) regulations. These items require safe storage to reduce the risk of harm to anyone using or potentially accessing them. An area for improvement has been identified.

The staff office at the front of the building was open and accessible to staff and residents. However, there was confidential information relating to a resident on a notice board which was potentially visible to anyone entering the office. This was discussed with the manager who agreed to remove this information, this will be reviewed at the next inspection.

Fire safety measures were in place and well managed to ensure residents, staff and visitors in the home were safe. The Fire Risk Assessment for the home was completed on 9 November 2023 and the manager confirmed in writing that all actions identified had been completed. Fire drill records were also well maintained.

Systems and processes were in place for the management of infection prevention and control. For example; there were 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.



#### 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.

The atmosphere in the home was welcoming and relaxed with residents seen to be comfortable, content and at ease in their environment and in their interactions with staff.

Other activities offered in the home included, mindfulness, bingo, quiz, shopping, movie nights, religious services and memory classes. Staff spoke with enthusiasm and passion about the provision of rehabilitation services and activities offered in the home and how beneficial these were to residents in their rehabilitation journey. This is to be commended.

Residents meetings were held regularly and agenda items for discussion included; activities, rehabilitation programmes, summer outings, counselling and external services.

#### 5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mr James Wilson has been the Manager in this home since 1 May 2024.

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 the residents, care practices or the environment. Staff confirmed that there were good working relationships between staff and the home's management.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. However; there was limited assurances that the current system was effective in identifying and driving improvements in the service. For example; there were a number of audits that had identified concerns with the flooring throughout the home, however there was no time bound action plan completed for review. An area for improvement has been identified.

There was evidence that the Manager ensured that complaints were managed correctly and that good records were maintained. The Manager told us that complaints were seen as an opportunity to for the team to learn and improve.

Staff meetings were held accordingly and included a comprehensive list of agenda items and action plans.

It was established that the Manager had a system in place to monitor accidents and incident that happened in the home. However, there were three incidents that occurred in the home that had not been reported to RQIA as required. This was discussed with the management team and retrospective notifications were completed following the inspection. An area for improvement has been identified.



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 safeguarding policy. The quality lead for the organisation was identified as the appointed safeguarding champion for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of adults at risk of harm.

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 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 and the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	3*	8*

\* the total number of areas for improvement includes one standard that has been stated for a second time and one regulation and one standard which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the 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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> 4 April 2024	The registered person shall ensure that maximum and minimum temperatures of the medicines refrigerator are monitored each day and the thermometer reset.  Corrective action should be taken if temperatures outside the recommended range (2°C-8°C) are observed.  Ref: 5.2.2
	<b>Action required to ensure compliance with this Regulation was not reviewed as part of this inspection and thus is carried forward to the next inspection</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> 8 August 2024	The registered person shall ensure that all areas of the home to which residents have access are free from hazards to their safety, and staff are made aware of their responsibility to recognise potential risks and hazards and how to report, reduce and eliminate the hazard.  This area for improvement is made with specific reference to the supervision and storage of cleaning chemicals.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> COSHH products are now locked away when not in use
<b>Area for improvement 3</b>  <b>Ref:</b> Regulation 30  <b>Stated:</b> First time  <b>To be completed by:</b> 8 August 2024	The registered person shall ensure that all notifiable events which occur in the residential care home are reported appropriately to RQIA.  Ref: 5.2.5
	<b>Response by registered person detailing the actions taken:</b> All notifications will be made in a timely manner to RQIA. The new DM now has access to the portal as well which will enhance this process.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	

<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> Second time</p> <p><b>To be completed by:</b> 1 January 2025</p>	<p>The registered person shall arrange for any stained or worn carpets or furniture to be cleaned, repaired or replaced.</p> <p>Ref: 5.1 &amp; 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> The carpets have been industrially cleaned in August 2024 shortly after the RQIA inspection.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 32</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 4 April 2024</p>	<p>The registered person shall ensure that medicines, including controlled drugs in Schedule 4, Part (1), awaiting return to the community pharmacy are stored securely.</p> <p>Ref: 5.2.2</p> <p><b>Action required to ensure compliance with this Regulation was not reviewed as part of this inspection and thus is carried forward to the next inspection</b></p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 6.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 September 2024</p>	<p>The registered person shall ensure that care plans are kept under review and amended as changes occur to accurately reflect the needs of residents.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> All PCPs have been reviewed to ensure that all records are current and file audits are ongoing to ensure that this continues as required.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 6.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 September 2024</p>	<p>The registered person shall ensure that individual risk assessments for residents are kept under regular review and changes made as necessary.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b> As above all PCPs have been reviewed and all risk assessments are current and reviewed as required.</p>

<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Standard 6.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 September 2024</p>	<p>The registered person shall ensure that any resident who is subject to Deprivation of Liberty Safeguards (DoLS) has an up to date care plan in place which details the rationale for the DoLS and is kept under review and; when a DoLS is removed/or reduced, in terms of level of restraint, that the resident's record is updated to reflect this change.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Every resident subject to DoLS has the relevant paperwork in place on their PCP stipulating the rationale for the DoLS as well as a risk assessment. These are updated as changes occur.</p>
<p><b>Area for improvement 6</b></p> <p><b>Ref:</b> Standard 12.3 &amp; 12.4</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 August 2024</p>	<p>The registered person shall ensure that the menu offers a choice of meal at each mealtime and the daily menu is displayed in a suitable format in the dining area so that residents and their representatives know what is available at each meal time.</p> <p>Ref: 5.2.2</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>Menus are distributed by staff each day and they are now on display in the dining area on a noticeboard. There is a choice available each meal.</p>
<p><b>Area for improvement 7</b></p> <p><b>Ref:</b> Standard 27.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 August 2024</p>	<p>The registered person shall ensure that residents bedrooms and en suites are kept clean and hygienic at all times.</p> <p>Ref: 5.2.3</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>The person whose room this applies to is cleaned daily by staff. This person can very quickly have the room untidy again within a short period of time. There is a risk assessment now in place regarding this and staff will monitor and complete further cleaning if this is required during the day.</p>

<p><b>Area for improvement 8</b></p> <p><b>Ref:</b> Standard 20.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 8 August 2024</p>	<p>The registered person shall ensure that audits are robust in ensuring actions on deficits and plans to improve are time bound and completed as necessary.</p> <p>Ref: 5.2.5</p>
	<p><b>Response by registered person detailing the actions taken:</b></p> <p>This referred to the cleaning of carpets and this has now been resolved. The manager will ensure that any actions resulting from audits have clear timeframes and that where they have not been adehred to the reason for this is stipulated and a new timefream agreed and documented.</p>

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



The Regulation and Quality Improvement Authority  
James House  
2-4 Cromac Avenue  
Gasworks  
Belfast  
BT7 2JA

**Tel** 028 9536 1111  
**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)  
**Web** [www.rqia.org.uk](http://www.rqia.org.uk)  
 [@RQIANews](https://twitter.com/RQIANews)

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