

# Inspection Report

## 6 September 2022



### Leonard Cheshire ARBI

**Type of Service: Residential Care Home**  
**Address: 126 Upper Knockbreda Road, Belfast, BT6 9QB**  
**Tel no: 07701395415**

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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>Responsible Individual</b> Mrs Emma Bailie- Registration Pending	<b>Registered Manager:</b> Carol Shields – not registered
<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 6 September 2022 from 9.30am to 5.00pm 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 were knowledgeable and well trained to deliver safe and effective care.

Residents said that living in the home was a good experience. Residents were observed to be relaxed and comfortable in their surroundings, and in their interactions with staff.

Two new areas requiring improvement were identified. Please see the Quality Improvement Plan (QIP) for details.

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

### **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.

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

Six residents and three staff were spoken with.

Residents commented positively regarding the home. One resident said "We are all a family here, the staff all work with us. I am very happy with all the staff have done for me. The food is very good".

Another resident told us, "The staff are excellent, they are intuitive, they know what I need. This place is the best thing that has happened to me, the food is excellent and I get offered choice."

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

Staff spoke of how they enjoyed working in the home and the support of management. A staff member spoke of how the home, "Is the best place I have worked, morale is very good and management are supportive".

Following the inspection, no comments were provided by staff via the on-line staff survey, or from relatives via the questionnaires provided. Five questionnaires were received from residents of the home, all indicating a high a degree of satisfaction with the care and services provided.

## 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 4 October 2021		
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.-(7) <b>Stated:</b> First time	The manager and management team shall ensure that all staff wear and change fluid repellent surgical face masks in line with IPC guidance.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> 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 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. There was no process in place to have update training on alcohol related brain injury/rehabilitation for the staff team. This was discussed with the manager and an area for improvement was identified.

A system was in place to monitor that staff were appropriately registered with the Northern Ireland Social Care Council (NISCC).

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.

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.

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.

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

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 members were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

Resident care records were maintained which accurately reflected the needs of the residents. Staff members were knowledgeable 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 personal care to residents discreetly.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents.

The dining experience was an opportunity of residents to socialise and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. Lunch was a pleasant and unhurried experience for the residents.

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.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Residents, where possible, were involved in planning their own care.

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.

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 could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

The door to the resident's kitchen was held open by a fire extinguisher. This was removed immediately by the staff. An area for improvement was identified.

Mops were being stored inappropriately in the laundry. This was discussed with the manager and was rectified on the day of inspection.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of PPE had been provided.

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

Visiting arrangements were managed in line with Department of Health (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. For example, residents could attend the therapeutic programmes, have a lie in or stay up late to watch TV.

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' needs were met through a range of individual and group activities. Residents were encouraged to engage in a programme of therapeutic activities as part of their rehabilitation process. Other activities provided include: walking groups, gardening groups, memory classes, music therapy and quizzes.

### 5.2.5 Management and Governance Arrangements

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

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.

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. A senior manager in 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 vulnerable adults.

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.

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

Residents and said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

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.

## 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 and the Residential Care Homes' Minimum Standards (August 2011) (Version 1:1).**

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

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	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27(4)(b)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate and ongoing	The Registered Person shall ensure that all fire doors are kept closed and free from obstruction.  Ref: 5.2.3
	<b>Response by registered person detailing the actions taken:</b> FGM Fire Protection have been commissioned to supply and install a fire door closer to the small satellite kitchen on the ground floor within the service. Copy of costings attached for your information.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 23.4  <b>Stated:</b> First time  <b>To be completed by:</b> 01 November 2022	The Registered Person shall ensure that an update programme of training relating to alcohol related brain injury/rehabilitation training is in place for staff.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> ARBI training has been completed by all staff within the service in October 2022. I attach a copy of the training package for your information. There is an ARBI competency based training package currently in the design process which will be delivered to all care staff in early 2023. This competency training will be updated yearly. Staff will receive memos and updates through coaching, staff meetings and supervision sessions throughout the year of new information of changes in ARBI.

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





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