

Inspection Report

10 March 2022



Aaron House

Type of Service: Residential Care Home (RCH)
**Address: 40 Rosneath Gardens, Ballyoran, Dundonald,
Belfast, BT16 1UN**
Tel No: 028 90 410045

www.rqia.org.uk

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

Organisation/Registered Provider: Presbyterian Council of Social Witness Responsible Individual: Lindsay Conway	Registered Manager: Isabella Harper Date registered: 1 March 2007
Person in charge at the time of inspection: Alison Moore – Team Leader	Number of registered places: 16
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 12
Brief description of the accommodation/how the service operates: This is a residential care home registered to provide residential care for up to 16 residents with a learning disability. The facility is single storey providing individual bedroom accommodation, dining rooms and lounges. There is an enclosed patio area to the rear of the building providing access to outside space for the residents.	

2.0 Inspection summary

An unannounced inspection took place on 10 March 2022, from 9:35am to 1:00pm by a care inspector.

RQIA were aware of ongoing issues in relation to the provision of staffing which had been intensified by a current outbreak of Covid-19. In response to this information RQIA decided to undertake an inspection which focused on staffing provision and the delivery of care.

The outcome of the inspection confirmed that whilst there were staffing pressures within the home the standard of care was not compromised and residents continued to be well cared for.

Due to the nature of the majority of the residents' condition they were unable to or found it difficult to share their thoughts on their life in the home. However the attention to detail and standard of the residents' personal hygiene and detail paid to their dress and appearance was commended. Residents who could talk to us told us that they were happy and were relaxed in the company of staff.

As a result of this inspection no new areas for improvement were identified; four previous areas for improvement have been carried forward for review at the next inspection.

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 and 'Tell Us' cards were provided to give patients 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.

4.0 What people told us about the service

All of the residents and six staff were spoken with. Due to the nature of some residents' condition they were unable to or found it difficult to share their thoughts on their life in the home. However the attention to detail and standard of the residents' personal hygiene and detail paid to their dress and appearance was commended. Residents were relaxed in the company of staff and when asked if they were warm and comfortable they either told us they were or smiled. It was obvious from the interactions between residents and staff that they were familiar with each other; patients smiled when they talked about staff.

Staff spoke confidently about residents' needs and demonstrated a good understanding of their individual wishes and preferences. Staff responded to residents' non verbal communication and cues and by the response of residents it was clear that staff had understood what they needed. No relatives were visiting during the inspection to speak with.

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 29 April 2021		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 20(1)(a) Stated: First time	The registered person shall ensure that the planned staffing is consistently provided to ensure there is sufficient staff on duty to meet the needs of the residents.	Carried forward to the next inspection
	Action taken as confirmed during the inspection: Given the impact of the current Covid 19 outbreak this area for improvement has been carried forward for review at the next care inspection.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
Area for improvement 1 Ref: Standard 25.2 Stated: First time	The registered person shall ensure that dependency assessments are reviewed to ensure that level of assistance required from staff is accurately recorded.	Carried forward to the next inspection
	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.	
Area for improvement 2 Ref: Standard 25.6 Stated: First time	The registered person shall ensure that the duty rota accurately reflects the staff working on each shift; this will include agency staff.	Met
	A review of the duty rota evidenced that this area for improvement has been met.	

Area for improvement 3 Ref: Standard 23.1 Stated: First time	The registered person shall ensure that the record of induction is fully completed and signed by both the person inducting and the inductee	Carried forward to the next inspection
	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.	
Area for improvement 4 Ref: Standard 5.5 Stated: First time	The registered person shall ensure that risk assessments are reviewed more frequently.	Carried forward to the next inspection
	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.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Prior to the inspection RQIA were aware of staffing issues and were directly linked to the current pandemic of Covid-19. The Belfast Health and Social Care Trust (BHSCT) were also aware of the staffing issues and were supporting the home with staff where possible.

The planned staffing was in place on the day of the inspection and staff advised that staffing levels had been more consistent over the past weeks. They explained the need to adjust routines and prioritised certain tasks in the event of planned staffing not being met. Staff were of the opinion that there was good team work across all grades and roles within the home and that staff worked well together to assist and support each other when they were short staffed. It was evident from the changes to the rota that staff were flexible with their working arrangements and often agreed to change shifts at short notice. Whilst over recent time there were staffing pressures within the home, discussion with staff and observations throughout the morning confirmed that the standard of care was not compromised and residents continued to be well cared for.

The Team Leaders, who have the responsibility of taking charge of the home in the absence of the registered manager had good oversight of the rota and were knowledgeable of the options available when attempting to replace staff at short notice. Staff were very appreciative of the support and practical help provided by the BHSCT.

5.2.2 Care Delivery

Residents spent the morning in the lounge areas or in their bedrooms depending on their personal preference and were well supported by staff. Staff were observed to be prompt in recognising residents' needs and any early signs of distress, in particular with those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were observed to be respectful, understanding and sensitive to their needs.

Two residents were being nursed in their bedrooms due to their infection status. Staff spoke compassionately about the impact of this isolation on the residents and provide numerous examples of how they supported the residents to minimise the risk of them feeling alone. Staff were knowledgeable of the correct infection and prevention practices and of the use of PPE when assisting them.

Staff spoke confidently of the positive impact the role of care partners had on the lives of the residents. The home has been proactive in encouraging relatives to be involved as care partners as this ensured that when the home had an outbreak of infection residents could continue to enjoy support from care partners when normal visiting arrangements were suspended. Staff also displayed great empathy for those relatives, who due to their own infirmity, were reluctant to become care partners. They advised that during an infectious outbreak relatives continued to be supported with window visits and with video calls.

The serving of lunch was calm and unhurried. The majority of the residents were encouraged to have their lunch in one dining room which left the other dining room for those residents who preferred or needed a quieter, less busy atmosphere to enjoy their lunch in.

5.2.3 Management of the Environment and Infection Prevention and Control

On arrival to the home we were met by a member of staff who recorded our temperature and completed a health declaration; hand sanitiser and PPE were available at the entrance to the home. Signage had been placed at the entrance to the home which provided advice and information about Covid-19.

Staff carried out hand hygiene appropriately, and changed personal protective equipment (PPE) as required. Staff confirmed that there were adequate supplies of PPE. Additional PPE stations and clinical waste bins were in place at the entrance to the bedrooms of those residents who were self-isolating. Staff were knowledgeable of the correct PPE to wear when entering these bedrooms and again displayed great empathy for the effect the wearing of masks and visors had on the residents.

5.2.4 Quality of Life for Residents

There was a relaxed atmosphere in the home; residents who preferred to spend time in their bedrooms had music playing in their rooms and it was noted that the type of music or radio station differed between rooms. This was discussed with staff who explained which resident liked which music and how they considered this before leaving the residents bedroom. We spoke at length with one staff who was providing 1 to 1 supervision; they were knowledgeable of the activities the resident enjoyed. They were also knowledgeable of the patients non-verbal

cues and explained what the resident may be trying to communicate when they were displaying particular mannerisms.

One resident was supported by staff to explain how they felt about being unable to attend their day centre. The resident explained that staff helped him with activities that he would previously have done in the day centre. Staff were hopeful that the day centre adjacent to the home would be able to reopen again soon. They explained that whilst they could support the residents with similar activities being able to attend the day centre, although in the same building, provided residents with a change of environment.

A number of residents, including those who were mobile and those in wheelchairs, went out for a walk around the home to admire the spring flowers. It was obvious from the facial expressions of the residents when they came in how much they had enjoyed the activity.

7.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Four areas for improvement identified as a result of the previous inspection were not reviewed and have been carried forward for review at the next inspection.

	Regulations	Standards
Total number of Areas for Improvement	1	3

Findings of the inspection were discussed with Alison Moore, Team Leader, at the conclusion of the inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 20(1)(a) Stated: First time To be completed by: Ongoing from the day of the inspection (29 April 2021)	The registered person shall ensure that the planned staffing is consistently provided to ensure there is sufficient staff on duty to meet the needs of the residents. Ref 5:1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
Area for improvement 1 Ref: Standard 25.2 Stated: First time To be completed by: 27 May 2021	The registered person shall ensure that dependency assessments are reviewed to ensure that level of assistance required from staff is accurately recorded. Ref 5:1 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.
Area for improvement 2 Ref: Standard 23.1 Stated: First time To be completed by: Ongoing from the day of the inspection	The registered person shall ensure that the record of induction is fully completed and signed by both the person inducting and the inductee Ref 5:1 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.
Area for improvement 3 Ref: Standard 5.5 Stated: First time To be completed by: 27 May 2022	The registered person shall ensure that risk assessments are reviewed more frequently. Ref 5:1 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.

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