

# Unannounced Care Inspection Report

## 29 April 2021



## Aaron House

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

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Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

**1.0 What we look for**



**2.0 Profile of service**

This is a residential care home registered to provide residential care for up to 16 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Presbyterian Council of Social Witness  <b>Responsible Individual:</b> Lindsay Conway	<b>Registered Manager and date registered:</b> Isabella Harper - 1 March 2007
<b>Person in charge at the time of inspection:</b> Morning shift Team leader Laura Arlow  Afternoon shift Deputy manager Gemma Campbell	<b>Number of registered places:</b> 16
<b>Categories of care:</b> Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	<b>Number of residents accommodated in the residential home on the day of this inspection:</b> 13

### 4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk. The inspection sought to assess if the home was delivering safe, effective and compassionate care and if the service was well led.

The following areas were examined during the inspection:

- staffing
- care delivery
- care records
- environment
- governance and management arrangements

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

### 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	<b>1</b>	<b>4</b>

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Gemma Campbell, deputy manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

In addition to the discussion at the conclusion of the inspection, RQIA held an enhanced feedback meeting, via teleconference, with Lindsay Conway, responsible individual (RI), Isabelle Harper, manager and Caroline Crawford, monitoring officer, on 10 May 2021 to discuss the inspection findings in more detail and gain assurances as to how the deficits would be addressed.

Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection we met with all of the residents and six staff. Questionnaires were also left in the home to obtain feedback from residents and residents' representatives. 'Tell us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

The following records were examined during the inspection:

- staff duty rotas from 12, 19 and 26 March 2021
- staff training records
- staff registration with the Northern Ireland Social Care Council (NISCC) or Nursing Midwifery Council (NMC)
- residents' records of care
- accident/incident records
- complaints and compliments
- fire risk assessment
- reports of the monthly visits made on behalf of the registered provider from January – April 2021
- RQIA registration certificate.

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 2 October 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> Ref: Regulation 20 (3) (c) Stated: First time	The registered person shall ensure that fire escapes are kept clear.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Fire exits were observed to be clear and free from clutter.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
<b>Area for Improvement 1</b> Ref: Standard 35 Stated: First time	The registered person shall ensure that the manager has oversight of staff application to register with the NISCC to ensure it is completed within the recognised timeframes.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Records of staff registration with the NISCC included comments on the progress of staff who were currently registering.	

## 6.2 Inspection findings

### 6.2.1 Staffing

A system was in place to identify appropriate staffing levels to meet the needs of the residents. The dependency of the residents was reviewed weekly and factored into staffing provision. A review of one resident's dependency assessment evidenced that their needs were not recorded in accordance with their assessed need. Dependency assessments should be reviewed to ensure that level of assistance required from staff is accurately recorded. This was identified as an area for improvement.

A review of duty rotas evidenced that the planned staffing was not consistently provided. Staff told us that when the planned staffing was provided that staff had more time to spend with the residents outside of assisting with physical needs. The planned staffing must be consistently provided to ensure there are sufficient staff on duty to meet the needs of the residents. This was identified as an area for improvement. The staff rota did not always accurately reflect the staff working, for example agency staff were not always entered on the rota; this was also identified as an area for improvement.

Staff and management told us of recent vacancies and the ongoing recruitment campaign to attract new staff. We reviewed the recruitment processes for staff. Recruitment records were held centrally for the organisation. An email confirming that the appropriate checks had been completed with applicants to ensure they were suitable to work with the residents provided the manager with oversight of this process.

We discussed the registration of staff with NMC and NISCC. We observed that checks were being completed monthly and that all of the staff listed on the duty rota for the week of the inspection were appropriately registered or, for recently appointed care staff, in the process of registering.

Agency staff were covering a number of shifts each week. Confirmation of staff experience, training and registration with an appropriate professional body was received prior to the staff working in the home. We saw that induction programmes were completed with each staff on their first shift in the home. The record of induction must be fully completed and signed by both the person inducting and the inductee; this was identified as an area for improvement.

Staff displayed a great understanding of each resident's needs and how they responded to each resident was individual. Staff were aware of potential clashes of personalities between the residents and provided discreet diversions on numerous occasions. The day centre, adjacent to the home is currently not operational due to the global pandemic. A number of residents spend their day in the day centre where they enjoy activities organised by staff. The use of the daycentre space provides the residents with a change of environment and acts as a replacement for those who, in normal times, attend day centres away from the home. This is good practice.

### **6.2.2. Care delivery**

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences. Staff interactions with residents were warm and friendly; they attended to their needs in a prompt and caring manner. We observed that residents looked well cared for; they were nicely dressed with good attention to the detail of their personal appearance. Residents were content and settled in their surroundings and in their interactions with staff.

The atmosphere in the home was relaxed and well organised. Staff spoken with were aware of the need to support residents to socially distance; however staff explained that they were challenged in maintaining social distance with residents due to their level of understanding.

Residents' nutritional needs were identified through assessment and care plans detailing the support needed to meet their nutritional needs were put in place. Residents' weights were kept under review and checked monthly to identify anyone who had lost or were gaining weight. The serving of lunch was well organised. Residents were offered a choice of dishes and meals were nicely presented and smelt appetising.

We reviewed the accident book and the management of falls recorded. Accidents were appropriately managed with medical advice sought as required if an injury was sustained.

We reviewed deprivation of liberty safeguards. We could see that these were completed for each resident on an individualised basis by the relevant health and social care trust. Communication was maintained with the trusts to ensure that the required safeguards in place were reviewed as required.

We observed staff carrying out hand hygiene appropriately, and changing PPE as required. We discussed the arrangements for visiting with staff who explained that visiting was currently being facilitated in a dedicated room. The room could be accessed directly from the outside without visitors having to come into the home. Precautions such as a booking system, temperature checks and completion of a health declaration and provision of PPE were in place for visitors to minimise the risk of the spread of infection.

### **6.2.3 Care records**

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. A summary of the care delivered and residents' condition was completed monthly. Risk assessments were generally reviewed six monthly; the frequency of review should be revised and increased to ensure it is meaningful in identifying changes to resident's needs. This was identified as an area for improvement. .

Arrangements were in place to ensure that residents had an annual review of their care, arranged by their care manager or trust representative; these were currently being done via telephone to video call. A record of the meeting, including any actions required, was provided to the home.

### **6.2.4 Environment**

The home was nicely decorated, ventilated and comfortable. All areas within the home were odour free and clean. Residents' bedrooms were personalised to reflect their individual likes and interests.

A review of fire safety records confirmed that safety checks and measures were in place and regularly monitored. The access to fire escapes was clear and fire doors in place were secured appropriately

### **6.2.6 Governance and management arrangements**

There has been no change in the management of the home since the last inspection. Ms Harper has been the manager since March 2017. A review of the duty rota evidenced that the manager's hours, and the capacity in which these were worked, were clearly recorded.

There was a system in place regarding the reporting of notifiable events. Review of the records showed that these were effectively documented and reported to other relevant organisations as necessary.

There was a system in place regarding the management of complaints. Any complaints made had been managed accordingly. The home had received a number of compliments and thank you cards in recent months which included words of thanks and appreciation from relatives and representatives.

We examined the reports of the visits made on behalf of the registered provider for January – April 2021. Operational areas of the management of the home were covered. Where any issues were identified an action plan was developed which included timescales and the person responsible for completing the action.

### Areas of good practice

Areas of good practice were identified in relation to staff support of residents to ensure care was delivered to meet their personal preferences, care delivery and the management arrangements.

### Areas for improvement

Areas for improvement were identified with regard to the provision of staffing, the recording of the staff duty roster, the accurate completion of patient dependency assessments, induction records for agency staff and the frequency with which risk assessments are reviewed.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	4

## 6.3 Conclusion

Staff displayed a great understanding of each resident's needs and how they responded to each resident was individual. Staff interactions with residents were warm and friendly.

All areas within the home were odour free and clean. Residents' bedrooms were personalised to reflect their individual likes and interests.

There was a clear management structure within the home. Staff said that the manager was approachable and that they got good support from them.

## 7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Gemma Campbell, deputy manager, as part of the inspection process. The timescales commence from the date of inspection.



The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the residential home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

### **7.1 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 DHSSPS Residential Care Homes Minimum Standards, August 2011.

### **7.2 Actions to be taken by the service**

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 20(1)(a)  <b>Stated:</b> First time  <b>To be completed by:</b> Ongoing from the day of the inspection	<p>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.</p> <p>Ref: 6.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>            Duty rota is planned on a monthly basis and reviewed weekly. Shifts covered with required numbers from permanent staff, relief team and agency.</p> <p>Pre-covid, staff numbers were as follows; 5 on am &amp; 7 on pm weekdays, 7 all day Sat and Sun – these numbers are reflected on current rotas given residents attendance at our own Day Care Mon-Wed with additional for 1:1</p> <p>(Discussion with HR held regarding one new care assistant – Access NI check not completed and also referred to Occ Health. Three applicants scheduled for interview tomorrow. Advertisement is ongoing across a variety of platforms.</p>
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 25.2  <b>Stated:</b> First time  <b>To be completed by:</b> 27 May 2021	<p>The registered person shall ensure that dependency assessments are reviewed to ensure that level of assistance required from staff is accurately recorded.</p> <p>Ref: 6.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>            Dependency levels are reviewed on a weekly basis.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 25.6  <b>Stated:</b> First time  <b>To be completed by:</b> Ongoing from the day of the inspection	<p>The registered person shall ensure that the duty rota accurately reflects the staff working on each shift; this will include agency staff.</p> <p>Ref 6.2.1</p> <p><b>Response by registered person detailing the actions taken:</b>            It has been communicated to all staff that any changes to rota must be made by senior staff team, and that the rota must remain legible and that shift swap forms must be submitted for authorisation prior to any changes being made (19/5/21).            This issue was also discussed a team meetings and Senior staff</p>

	<p>meeting.</p> <p>A duty rota check form has been designed to ensure good communication and that the rota accurately reflects actual staffing on the floor.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 23.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Ongoing from the day of the inspection</p>	<p>The registered person shall ensure that the record of induction is fully completed and signed by both the person inducting and the inductee</p> <p>Ref: 6.2.1</p> <p><b>Response by registered person detailing the actions taken:</b> The organisations over all induction process has been reviewed and amended by Head of Disability Services and all new inductees required to submit reflective learning records and be observed regarding Safeguarding before they can be signed off and complete the probation.</p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard 5.5</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 27 May 2021</p>	<p>The registered person shall ensure that risk assessments are reviewed more frequently.</p> <p>Ref: 6.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> Risk assessments have always been reviewed annually in line with Care Plan unless specific changes are necessary however this will be increased to monthly and will completed as part of Senior staffs' monthly report.</p>

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



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