

Inspection Report

11 May 2021



Adelaide House

Type of Service: Residential Care Home
Address: 24-26 Adelaide Park, Belfast, BT9 6FX
Tel no: 028 9066 9362

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: Norma Picking Date registered: 22 October 2014
Person in charge at the time of inspection: Norma Picking	Number of registered places: 45, comprising: 8 existing residents only in RC-DE 1 existing resident in RC-MP(E) The home is also approved to provide care on a day basis only to 1 person.
Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. MP(E) - Mental disorder excluding learning disability or dementia – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 41
Brief description of the accommodation/how the service operates: This is a registered Residential Home which provides social care for up to 45 persons. Residents' bedrooms are located over three floors. Residents have access to communal lounges, a dining room and a garden.	

2.0 Inspection summary

An unannounced inspection took place on 11 May 2021 between 9.30 a.m. and 6.00 p.m. The inspection was undertaken by a care inspector.

The inspection assessed progress with areas for improvement identified in the home since the last care inspection and sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

No new areas requiring improvement were identified. One area for improvement was stated for a second time. Eight areas for improvement, all relating to medicines management, were carried forward for review at the next inspection.

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

RQIA was assured that the care and the services provided in Adelaide House was safe, effective, compassionate and that the home was well led.

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.

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 residents and staff were asked for their opinion on the quality of the care and their experience of living or working in this home. The daily life within the home was observed along with how staff went about their work. A range of documents was examined to determine that effective systems were in place to manage the 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 findings of the inspection were provided to the manager at the conclusion of the inspection.

4.0 What people told us about the service

The inspector spoke with eleven residents, three care staff, one resident's visitor and one visiting professional. One completed questionnaire was received from a resident's relative after this inspection. The respondent indicated they were very satisfied with all aspects of the care and services and commented "My (relative) is in care in Adelaide House and she is so happy and content. Staff are amazing and very helpful".

5.0 The inspection

5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Adelaide House was undertaken on 10 December 2020 by a care inspector and on 16 December 2020 by a pharmacist inspector.

Areas for improvement from the last inspection on 10 and 16 December 2020		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that all staff wear fluid resistant face masks correctly in accordance with current infection prevention and control guidance.	Not met
	Action taken as confirmed during the inspection: The majority of staff were observed to be wearing fluid resistant face masks in accordance with current infection prevention and control guidance. Two members of staff were noted to wear the mask incorrectly for a short period. This area for improvement is therefore stated for a second time.	
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure the following: <ul style="list-style-type: none"> the development of robust cleaning schedules to include all areas identified during this inspection implementation of such schedules robust managerial oversight of the effectiveness of domestic cleaning 	Met
	Action taken as confirmed during the inspection: Inspection of the premises and inspection of cleaning schedules and the manager's audits of domestic cleanliness confirmed that each area was addressed.	

Area for improvement 3 Ref: Regulation 19 (1) (a) Schedule 3, 3 (j) Stated: First time	The registered person shall ensure that all reports made to RQIA and to HSC Trusts contain accurate details of any accidents, incidents or events in the home. Action taken as confirmed during the inspection: Inspection of records of accidents and incidents, cross-referenced against the notifications to RQIA, confirmed that each event was correctly managed and reported.	Met
Area for improvement 4 Ref: Regulation 13 (1) Stated: First time	The registered person shall ensure that the residential care home is conducted so as the following key areas are considered during the visits by the registered provider: <ul style="list-style-type: none"> • staff training • the home's environment • medicines management Action taken as confirmed during the inspection: Inspection of the reports of the visits by the registered provider confirmed that this was addressed.	
Area for improvement 5 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure robust systems are in place for the safe management of warfarin. Action taken as confirmed during the inspection: 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.	Carried forward to the next inspection
Area for improvement 6 Ref: Regulation 13 (4) Stated: First time	The registered person shall develop and implement a robust audit process which covers all aspects of medicines management. Action taken as confirmed during the inspection: 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.	

Area for improvement 7 Ref: Regulation 13 (4) Stated: First time	The registered person shall review and revise the management of controlled drugs to ensure robust arrangements are in place.	Carried forward to the next inspection
	Action taken as confirmed during the inspection: 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.	
Area for improvement 8 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that written confirmation of all new residents' medicines is obtained at or prior to admission to the home and systems are in place to check that the correct medicines are supplied.	Carried forward to the next inspection
	Action taken as confirmed during the inspection: 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)		Validation of compliance
Area for improvement 1 Ref: Standard 23.3 Stated: Second time	The registered person shall ensure that mandatory training is undertaken and completed as outlined in the Standards and guidance from RQIA.	Met
	Action taken as confirmed during the inspection: Inspection of the records of staff training confirmed that this was addressed.	
Area for improvement 2 Ref: Standard 6 Stated: Second time	The registered person shall ensure that issues identified in section 6.4 (of the inspection report dated 20 January 2020) in regards to the resident care records are addressed.	Met
	Action taken as confirmed during the inspection: Inspection of care records confirmed this was addressed.	
Area for improvement 3 Ref: Standard 27.3 Stated: First time	The registered person shall ensure that the commode cleaning machine is removed to allow for the mobility and overall needs of residents.	Met
	Action taken as confirmed during the inspection: Inspection of the premises confirmed this was addressed.	

Area for improvement 4 Ref: Standard 23.6 Stated: First time	The registered person shall ensure the following: <ul style="list-style-type: none"> the list of staff on the training records is accurate designations of staff are noted dates of individual staff training are kept up to date 	Met
	Action taken as confirmed during the inspection: Inspection of staff training records confirmed each item was addressed.	
Area for improvement 5 Ref: Standard 23.3 Stated: First time	The registered person shall ensure that all staff, including ancillary staff, complete level 2 training in the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS).	Met
	Action taken as confirmed during the inspection: Discussion with the Manager and inspection of the records of staff training confirmed this was addressed.	
Area for improvement 6 Ref: Standard 31 Stated: First time	The registered person shall closely monitor the completion of personal medication records to ensure these are accurately maintained and appropriate systems are in place to manage changes.	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 7 Ref: Standard 6 Stated: First time	The registered person shall develop and update care plans regarding medicines management, in particular, warfarin, distressed reactions and pain management.	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 8 Ref: Standard 31 Stated: First time	The registered person shall ensure records of the receipt and disposal of medicines supplied in monitored dosage systems are fully and accurately maintained.	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 9 Ref: Standard 31 Stated: First time	The registered person shall ensure that records of administered medicines are fully and accurately maintained.	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 How does this service ensure that staffing is safe?

There was a robust system in place to ensure staff were recruited correctly to protect residents as far as possible. All staff were provided with a comprehensive induction programme to prepare them for working with the residents.

There were systems in place to ensure staff were trained and supported to do their job, for example, staff received regular training in adult safeguarding, moving and handling and first aid. Most core training was provided on an annual basis. This is good practice. There were also regular staff meetings.

The staff duty rota accurately reflected all of 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 were able to get up when they wished and take breakfast in their rooms.

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 reported that the resident's 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.

Residents said that staff came to them quickly if they used their call bells and that staff knew them well and knew how best to help them. A resident commented "I couldn't ask for better, I'm very happy here".

A resident's relative described the benefits of the Care Partner arrangements and the positive effect this has had on the resident. A visiting professional spoke positively of the devotion of management and staff to the residents, the high level of care and support afforded to residents and how the residents consistently speak of being very happy within Adelaide House.

A review of records, observation of practice and discussion with residents, staff and visitors established that there was safe staffing in the home.

5.2.2 How does this service ensure residents feel safe from harm and are safe in 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. The organisation had a person identified as the appointed safeguarding champion for the home.

A review of staff training records confirmed that staff were required to complete adult safeguarding training on an annual basis. Staff said they were confident about reporting concerns about residents' safety and poor practice.

Residents and their relatives were provided with written information on how to raise a concern or complaint about the care and services provided in the home. A review of the home's record of complaints confirmed that these were well managed and used as a learning opportunity to improve practices and the quality of services provided by the home. This is good practice.

Discussion with the manager confirmed that the use of restrictive practices, namely the presence of keypads within the home, was effectively managed. The manager also confirmed that staff had attended training relating to the potential use of restrictive practices and best interest decision making.

A review of records, observation of practice and discussion with staff established that there were appropriate safeguards in place to support residents to feel safe and be safe.

5.2.3 Is the home's environment well managed to ensure residents are comfortable and safe?

The Manager reported that there was an ongoing programme of refurbishment and redecoration in the home. Inspection of the home's environment included a selection of bedrooms, storage spaces and communal areas such as lounges and bathrooms. The home was found to be well maintained and a review of records confirmed that required safety checks were in place and were regularly monitored.

Residents' bedrooms were personalised with items important to the residents. Bedrooms and communal areas were well decorated, suitably furnished, clean and tidy and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices. There was evidence throughout the home of homely touches such as flowers, newspapers, magazines and drinks available for residents.

The home's environment was well managed to provide a comfortable and safe environment.

5.2.4 How does this service manage the risk of infection?

Discussion with the manager confirmed that there were robust arrangements in place to effectively manage risks associated with COVID-19 and other potential infections. The home had implemented the regional testing arrangements for residents, staff and Care Partners and any outbreak of infection was reported to the Public Health Authority (PHA). Visiting arrangements were managed in line with current Department of Health guidance.

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 Personal Protection Equipment (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, with the exception of two staff who were noted to wear the mask incorrectly for a short period (see section 5.1). This was brought to the attention of the manager who addressed it with staff. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

It was established that appropriate arrangements were in place to manage the risk of infection, with the exception of staff use of face masks. This will be improved through compliance with the area of improvement which has been stated for a second time.

5.2.5 What arrangements are in place to ensure residents receive the right care at the right time? This includes how staff communicate residents care needs, ensure resident rights to privacy and dignity; manage skin care, falls and nutrition.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routines, wishes and preferences.

It was observed that staff respected resident 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. This was good practice.

Residents who were less able to mobilise may require special attention to their skin care. Residents who required such care had this clearly noted in their care records. There was evidence that their needs were managed by the community nursing service who would also supply specialist equipment if needed.

Discussion with the manager and staff and review of care records provided assurance that residents' risk of falling was robustly managed. The manager regularly completed a critical analysis of falls within the home to determine if anything more could be done to prevent future falls occurring. There was also evidence of appropriate onward referral as a result of this analysis, to other professionals such as the Trust's Specialist Falls Service, their GP, or physiotherapy.

There was a system in place to ensure accidents and incidents were appropriately managed, monitored and notified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Meals taken in the dining room provided an opportunity for residents to socialise. The atmosphere was calm, relaxed and unhurried. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a

variety of drinks available. Residents said that they had enjoyed their meal and the company of others. Residents could also choose to take their meals in their own rooms and trays were taken to these residents.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Residents' needs were clearly identified and communicated across the staff team and care was delivered effectively to meet the needs of residents.

5.2.6 What systems are in place to ensure care records reflect the changing care needs of residents?

Residents' needs were assessed at the time of their admission to the home and care plans were developed to direct staff on how to meet residents' needs. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and update to ensure they continued to reflect the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, as appropriate.

Residents' individual likes and preferences were reflected throughout the care records. Care plans were detailed and contained specific information on each resident's 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.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review included the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home. The visiting professional confirmed that these reviews were up to date.

The review of care records established that the care needs of residents were noted and reviewed regularly to reflect any changes.

5.2.7 How does the service support residents to have meaning and purpose to their day?

Residents said that they were able to choose how they spent their day; they could get up or go to bed when they wished, wear what they wanted and spend time in their own rooms or in the lounges. Residents were looking forward to being able to go out of the home when it was safe to do so after the COVID-19 pandemic.

Residents were encouraged to participate in regular resident meetings which provided an opportunity for them to comment on aspects of the running of the home. These meetings were well attended and there was discussion about such items as menus and activities.

Residents' needs were met through a range of individual and group activities such as arts and crafts, music, armchair exercises, floor games and quizzes. Where residents preferred to spend time in their rooms, staff engaged residents in one to one activities.

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.

Observation of life in the home and discussion with staff and residents established that staff engaged with residents individually or in groups; residents were afforded the choice and opportunity to engage in social activities, if they wished.

5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?

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.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. The manager completed regular audits of such areas as accidents and incidents, falls, environmental cleanliness and staff training.

There was a robust system in place to manage complaints and use these as an opportunity for the team to learn and improve. Residents said that they knew who to approach if they had a complaint.

A record of compliments received about the home was kept and shared with the staff team. This is good practice. The home had received numerous thank you cards paying tribute to the kindness and dedication of the staff. One card read "We are truly blessed to have such wonderful staff in Adelaide House being offered the opportunity to be a care partner was just the best gift. Being able to sit with (my relative) in her own room, show her old photos and play music she loves has just cheered her up and she loves to see me coming in".

Staff commented positively about the manager and the deputy manager and described them as supportive, approachable and always available for guidance. Staff reported they would not hesitate to approach the management team if they had any concerns.

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 were available for review by residents, their representatives, the Trust and RQIA.

The service was well led with a clear management structure and a system in place to provide managerial oversight of the delivery of care to residents. There was a system to provide robust provider oversight of the running of the home.

6.0 Conclusion

RQIA was satisfied that the staffing in Adelaide House was safe for residents and that the residents were adequately protected. The home's environment was well maintained, safe and comfortable and precautions were taken to ensure that the risk of infection was managed.

Residents were supported by staff to have meaning and purpose in their daily life; interactions between residents and staff were warm and supportive with staff delivering care in a way that promoted the dignity of residents.

One area for improvement was stated for a second time. Eight areas for improvement, all relating to medicines management, were carried forward for review at the next inspection.

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).

	Regulations	Standards
Total number of Areas for Improvement	5*	4*

No new areas for improvement were identified during this inspection. * The total number of areas for improvement against the Regulations includes one which has been stated for a second time and four which are carried forward for review at the next inspection. Four areas for improvement against the Standards are also carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Norma Picking, 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: Second time To be completed by: Immediately and ongoing	The registered person shall ensure that all staff wear fluid resistant face masks correctly in accordance with current infection prevention and control guidance. Ref: 5.1 Response by registered person detailing the actions taken: During handover day and night we have a health and safety handover also senior in charge will discuss the wearing of the mask correctly with the staff, I have also had staff meetings re same and I am doing spot checks in the Home re wearing of masks..
Area for improvement 2 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediately and ongoing	The registered person shall ensure robust systems are in place for the safe management of warfarin. 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.
Area for improvement 3 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediately and ongoing	The registered person shall develop and implement a robust audit process which covers all aspects of medicines management. 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. Ref: 5.1
Area for improvement 4 Ref: Regulation 13 (4) Stated: First time To be completed by: Immediately and ongoing	The registered person shall review and revise the management of controlled drugs to ensure robust arrangements are in place. 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. Ref: 5.1

<p>Area for improvement 5</p> <p>Ref: Regulation 13 (4)</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure that written confirmation of all new residents' medicines is obtained at or prior to admission to the home and systems are in place to check that the correct medicines are supplied.</p> <hr/> <p>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.</p> <p>Ref: 5.1</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 31</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall closely monitor the completion of personal medication records to ensure these are accurately maintained and appropriate systems are in place to manage changes.</p> <p>Ref: 5.1</p> <hr/> <p>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.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall develop and update care plans regarding medicines management, in particular, warfarin, distressed reactions and pain management.</p> <p>Ref: 5.1</p> <hr/> <p>Response by registered person detailing the actions taken: All the above actioned, distressed reaction put in place for residents who need same, warfarin care-plans in place and pain management.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 31</p> <p>Stated: First time</p> <p>To be completed by: Immediately and ongoing</p>	<p>The registered person shall ensure records of the receipt and disposal of medicines supplied in monitored dosage systems are fully and accurately maintained.</p> <hr/> <p>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.</p> <p>Ref: 5.1</p>

Area for improvement 4 Ref: Standard 31 Stated: First time To be completed by: Immediately and ongoing	The registered person shall ensure that records of administered medicines are fully and accurately maintained.
	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. Ref: 5.1

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



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

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

Assurance, Challenge and Improvement in Health and Social Care