



The Regulation and  
Quality Improvement  
Authority

## **Secondary Unannounced Care Inspection**

<b>Name of Establishment:</b>	<b>Adelaide House</b>
<b>Establishment ID No:</b>	<b>10055</b>
<b>Date of Inspection:</b>	<b>16 June 2014</b>
<b>Inspector's Name:</b>	<b>Lorna Conn</b>
<b>Inspection No:</b>	<b>16814</b>

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

**1.0 General Information**

<b>Name of Home:</b>	Adelaide House
<b>Address:</b>	24-26 Adelaide Park Belfast BT9 6FX
<b>Telephone Number:</b>	028 90669362
<b>E mail Address:</b>	lwilson@pcibsw.org
<b>Registered Organisation/ Registered Provider:</b>	Presbyterian Board of Social Witness Mrs Linda May Wray
<b>Registered Manager:</b>	Mr Lee Wilson
<b>Person in Charge of the home at the time of Inspection:</b>	Mr Lee Wilson
<b>Categories of Care:</b>	RC-I , RC-MP (E), RC-DE
<b>Number of Registered Places:</b>	45
<b>Number of Residents Accommodated on Day of Inspection:</b>	43
<b>Scale of Charges (per week):</b>	Trust Rates
<b>Date and type of previous inspection:</b>	18 November 2013, Primary announced inspection
<b>Date and time of inspection:</b>	16 June 2014, 1:30 pm - 4:35 pm
<b>Name of Inspector:</b>	Lorna Conn

## **2.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of a secondary inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection are being met.

## **3.0 Purpose of the inspection**

The purpose of this inspection was to consider whether the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

## **4.0 Methods/Process**

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Consultation with stakeholders
- File audit
- Tour of the premises
- Evaluation and feedback

## **5.0 Inspection Focus**

The inspection sought to assess progress with the issues raised during and since the previous inspection and to establish the level of compliance achieved with respect to the following DHSSPS Residential Care Homes Minimum Standards.

The inspector has rated the home's Compliance Level against each criterion and also against each standard.

The table below sets out the definitions that RQIA has used to categorise the service's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 6.0 Profile of service

Adelaide House is a large detached building situated in a quiet residential area of South Belfast. The residential home is owned and operated by Presbyterian Board of Social Witness and the current registered manager is Lee Wilson.

Accommodation is provided for residents in single bedrooms, eight of which have ensuite facilities. The bedrooms are located on the ground and first floor. Access to the first floor is via a passenger lift and stairs. The home provides a large dining room, kitchen, laundry facilities and several lounges where residents may relax.

The home is situated near to churches, shops and hospitals and a well maintained, enclosed garden is provided for residents' use.

The home is registered to provide care for a maximum of 45 persons under the following categories of care: RC-I, (old age) RC-MP (E), (mental disorder over 65 years of age) and RC-DE (Dementia) and the home offers day care to one person daily.

## 7.0 Summary of inspection

This secondary unannounced care inspection of Adelaide House was undertaken by Lorna Conn on 16 June 2014 between the hours of 1:30pm and 4:35pm. Lee Wilson was available during the inspection and for verbal feedback at the conclusion of the inspection.

The requirements and recommendations made as a result of the previous inspection were also examined. There was evidence that the home had addressed some of the areas as required within the timescales specified. However, it was of concern that one requirement and five recommendations have been stated for the second time regarding the monitoring of temperature, care review records, vulnerable adults and care review policy development and fire safety training. The detail of the actions taken by registered provider and registered manager can be viewed in the section following this summary.

During the inspection the inspector met with residents and staff, discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents, observed care practice, examined a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they indicated that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Staff indicated that they were supported in their respective roles. Staff confirmed that they were provided with the relevant resources and training to undertake their respective duties.

Comments received from residents and staff are included in section 9.0 of the main body of the report.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a high standard and it was noted that a phased redecoration of the home was underway with downstairs areas having been redecorated and re-carpeted with advice having been sought from dementia specialists. However, the new mat located in the entrance hall was unsecured and was noted to be a tripping and fall hazard. A requirement has been made regarding its removal until risks can be eliminated. During the recent re-decoration the certificate of

registration had been temporarily removed and could not be located on the day of the inspection. A requirement has been made regarding its display.

Two new requirements were made as a result of the secondary unannounced inspection. The details of which can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

The inspector would like to thank the residents, registered manager and staff for their assistance and co-operation throughout the inspection process.

**8.0 Follow up on previous issues**

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	27 (2) (p)	<p>The registered person shall ensure that the heating in the home is reviewed in light of the Inspection findings and is maintained between 19-22 degrees Centigrade for residents.</p> <p>(standard 27.2)</p>	<p>On the day of the inspection there were no records available with which to confirm that the temperature in the corridor identified had been monitored. It was also noted to be a particularly warm summer day and therefore the corridor was not cold even with the roof light windows open. This has been stated on a second occasion.</p>	Not compliant
2.	18 (c)	<p>The registered person shall ensure that the flooring in the smoking room is made good.</p> <p>(standard 27.1)</p>	<p>The visual inspection of the home confirmed that the flooring in the smoking room had been replaced.</p>	Compliant

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1.	11.1	The registered person is recommended to review the policy pertaining to the frequency of care reviews.	The care review policy had not yet been reviewed. This has been stated on a second occasion.	Not compliant
2.	11.3	The registered person is recommended to ensure that the written review reports prepared by the home detail how these have been prepared in consultation with the resident.	Five review reports were examined at random and three of them detailed how they had been prepared in consultation with residents.	Moving towards compliance
3.	11.5	The registered person is recommended to ensure that care review minutes are requested and to retain records of outcomes of the review, actions required and those responsible for these actions.	Three residents care files were selected at random and two were found to contain minutes detailing the outcomes, actions required and those responsible for the actions. This has been stated on a second occasion.	Moving towards compliance
4.	16.1	The registered person is recommended to ensure that the flowchart is updated for staff guidance in the event of a vulnerable adult's incident.	The policy and procedure regarding vulnerable adults dated 25 November 2013 was reviewed and a flowchart has still to be developed for staff guidance. This has been stated on a second occasion.	Not compliant



5.	16.2	The registered person is recommended to review the system for identifying new staff in need of full vulnerable adults training following induction to ensure full training is provided at the earliest opportunity.	Staff training records were examined and the two staff identified at the last inspection had both received their full vulnerable adults training on 7 January and 27 February 2014. There have been no new staff since the last inspection.	Compliant
6.	16.7	The registered person is recommended to ensure that written communication is sought from the Trust regarding the final outcome of one identified incident.	The registered manager evidenced that he had contacted the Trust to seek written communication regarding the final outcome of this incident.	Compliant
7.	19.2	The registered person is recommended to review the recruitment information held on site and ensure that a checklist is available for inspection purposes to verify that all the information stipulated within regulation 21, schedule 2 and standards 19.2 and 19.4 has been obtained and provided.	All of the recommended information is now captured on a checklist provided by the HR department and this verified that all the information had been obtained and provided in advance of appointment.	Compliant
8.	19.6	The registered person is recommended to review how residents, or where appropriate their representatives are involved in the recruitment process where possible.	There had been no new staff recruited since the last inspection and therefore this could not be actioned. It has been carried forward and will be reviewed at the next inspection.	Not examined

9.	17.10	The registered person is recommended to ensure that records of all complaints are available for inspection purposes which include details of all communications, the result of any investigations and the actions taken.	The registered manager advised that there have been no complaints since the last inspection and that the original documentation could not be located by the HR department. This was concerning to note. Records from henceforth should be maintained as required by RQIA. This will be reviewed on an on-going basis through the inspection process.	Not compliant
10.	29.4	The registered person is recommended to ensure that all staff have received fire safety training from a competence person at least twice per year.	Staff training records were reviewed and these indicated that 21 staff had current fire safety training in place which had been delivered on 23 December 2013 or 16 January 2014. However, the records of all training for 2013 could not be located which meant that there were no records to confirm this training for the 9 remaining staff. This has been stated on a second occasion.	Moving towards compliance

## **9.0 Additional areas examined**

### **9.1 Resident's consultation**

The inspector met with 19 residents individually and with others in groups. Residents were observed relaxing in the communal lounge area and talking about the papers, enjoying the sunshine in the courtyard having afternoon tea and listening to a juke box or gardening whilst others were resting in their bedrooms. In accordance with their capabilities, all residents indicated/expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

Comments received included:

'I'm doing the best here'.

'I've no complaints and I'm happy here'.

'The staff are very nice'.

'Everything is lovely here. It's a home from home'.

'Staff are just lovely, wonderful, hardworking, very cheerful and helpful'.

'It's excellent here. There's nothing I would change'.

'You couldn't get a better place. The food is very good and staff are very helpful'.

### **9.2 Relatives/representative consultation**

No relatives/representatives were present during the inspection.

### **9.3 Staff consultation**

The inspector spoke with four staff of different grades who were on duty at the time of the inspection. Discussions with staff identified that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of residents.

Comments received included:

'It's brilliant care here. I love it. The girls are very good and the residents all seem very happy. We want to know what the residents' like as that's so important'.

'The atmosphere is great here. Everyone is very welcome and the families seem to feel it's very homely and welcoming'.

'The care is very good and we all go the extra mile for residents and ask them if everything is ok. It's lovely to feel part of one family'.

### **9.4 Visiting professionals' consultation**

No visiting professionals were present during the inspection.

## 9.5 Environment

The inspector viewed the home accompanied by the registered manager and alone and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a high standard and it was noted that a phased redecoration of the home was underway with downstairs areas having been redecorated and re-carpeted with advice having been sought from dementia specialists. However, the new mat located in the entrance hall was unsecured and was noted to be a tripping and fall hazard. A requirement has been made regarding its removal until risks can be eliminated. During the recent re-decoration the certificate of registration had been temporarily removed and could not be located in the day of the inspection. A requirement has been made regarding its display.

## **QUALITY IMPROVEMENT PLAN**

The details of the Quality Improvement Plan appended to this report were discussed with Mr Lee Wilson, as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

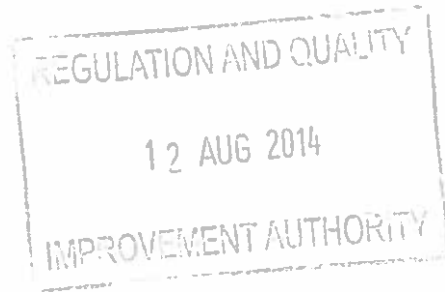
Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of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

Enquiries relating to this report should be addressed to:

**Lorna Conn**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



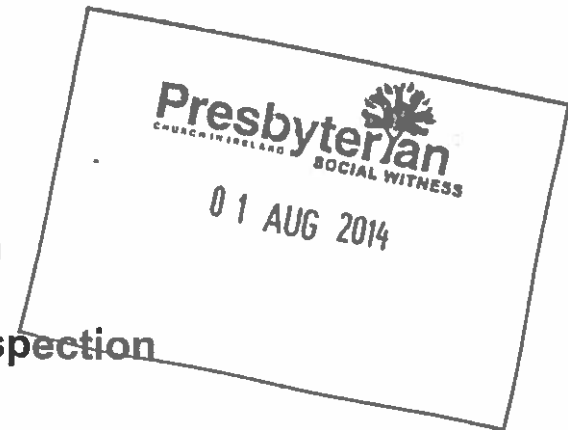
The Regulation and  
Quality Improvement  
Authority



## Quality Improvement Plan Secondary Unannounced Care Inspection

Adelaide House

16 June 2014



The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Mr Lee Wilson during the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**Statutory Requirements**

This section outlines the actions which must be taken so that the Registered Person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, and The Residential Care Homes Regulations (NI) 2005

No.	Regulation Reference	Requirements	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	27 (2) (p)	The registered person shall ensure that the heating in the home is reviewed in light of the Inspection findings and is maintained between 19-22 degrees Centigrade for residents.  (standard 27.2)	Two	ACTIONED ON 30/7/2014 Thermometers fitted + temperatures to be recorded throughout the day	By 6 October 2014.
2.	14 (2) (a) & (c)	The registered person shall ensure that the mat in the entrance hall is removed until it can be secured in a manner which eliminates the risk of trips and falls.  (standard 27.3)	One	ACTIONED Immediately by removal.	With immediate effect from the date of the inspection.
3.	Article 28	The registered person shall ensure that the certificate of registration is located and kept on display in a conspicuous place in the home.	Once	ACTIONED. 24/7/2014 On display in the hallway	With immediate effect from the date of the inspection. To be confirmed to the inspector within one week.

<b>Recommendations</b>					
These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.					
No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1.	11.1	The registered person is recommended to review the policy pertaining to the frequency of care reviews.	Two	actioned	By 30 June 2014.
2.	11.3	The registered person is recommended to ensure that the written review reports prepared by the home detail how these have been prepared in consultation with the resident.	Two	immediate effect. Residents now written to as part of the consultation.	With immediate effect from the date of the inspection.
3.	11.5	The registered person is recommended to ensure that care review minutes are requested and to retain records of outcomes of the review, actions required and those responsible for these actions.	Two	actioned All minutes now in file + outcome + action detailed.	With immediate effect from the date of the inspection.
4.	16.1	The registered person is recommended to ensure that the flowchart is updated for staff guidance in the event of a vulnerable adult's incident.	Two	Currently being amended.	By 30 June 2014.
5.	19.6	The registered person is recommended to review how residents, or where appropriate their representatives are involved in the recruitment process where possible.	One	on next recruitment panel there will be a resident present at interview.	By 16 September 2014.



6.	29.4	The registered person is recommended to ensure that all staff have received fire safety training from a competence person at least twice per year and that records are maintained.	Two	action immediately. All staff had 2 training sessions in 2013.	With immediate effect from the date of the inspection.
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The registered provider / manager is required to detail the action taken, or to be taken, in response to the issue(s) raised in the Quality Improvement Plan. The Quality Improvement Plan is then to be signed below by the registered provider and registered manager and returned to:

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

SIGNED: Linda Wray

NAME: LINDA WRAY.  
Registered Provider

DATE 1 August 2014

SIGNED: Norma Pickering

NAME: NORMA PICKERING  
Acting Registered Manager

DATE 30.7.2014

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	✓	Pittgreen	22/8/14
Further information requested from provider			