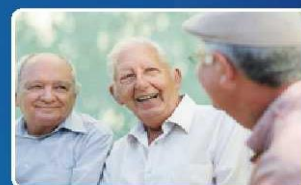


Inspection Report

19 December 2022



80 Malone Road

Type of service: Residential Care Home
Address: 80 Malone Road, Belfast, BT9 5BU
Telephone number: 028 9504 0370

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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation/Registered Provider: Belfast HSC Trust Responsible Individual: Dr Catherine Jack	Registered Manager: Mrs Victoria Dornan– not registered
Person in charge at the time of inspection: Mrs Victoria Dornan	Number of registered places: 12
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: 10
Brief description of the accommodation/how the service operates: This home is a registered residential care home which provides health and social care for up to 12 residents. Residents' bedrooms are located over both floors in the home. The lounges and dining room are on the ground floor and the garden is accessible from the lower ground floor.	

2.0 Inspection summary

An unannounced inspection took place on 19 December 2022 from 9.45 am to 5.00 pm. The inspection was carried out by a care inspector.

The inspection assessed progress with all 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.

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

Staff were seen to be attentive to the needs of the residents and to treat them with respect and compassion.

Areas requiring improvement were identified regarding the call bell system and staffs' use of personal protective equipment (PPE) and being bare below the elbow.

Addressing the areas for improvement will further enhance the quality of care and services in the home.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home and how staff went about their work was observed.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the management team at the conclusion of the inspection.

4.0 What people told us about the service

Residents who were able to share their views said that they felt well looked after and found the staff to be helpful and friendly. Comments included that "the staff take me out whenever I want to go to the shops", "we are all good here, no problems" and "they are all okay here, I like them (the staff)". Due to the nature of a learning disability not all of the residents were able to share their views on how they found life in the home. Residents who were less well able to communicate were seen to be content and settled in their surroundings and in their dealings with staff.

Staff said that teamwork was good, they were satisfied with staffing levels and felt well supported. They also said that the manager was approachable and that they enjoyed working in the home. Comments included that "we all rub along alright", "I love working here", "teamwork is strong", "communication is good, we know what is going on" and "I do enjoy my job".

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

No completed questionnaires or responses to the on-line survey were submitted to RQIA following the inspection.

Comments made by residents and staff were shared with the management team for information.

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 28 October 2021		
Action required to ensure compliance with Residential Care Homes Minimum Standards (2021)		Validation of compliance
Area for Improvement 1 Ref: Standard 20.10 Stated: Second time	The registered person shall ensure that care record audits are signed and dated. The action plans should also be completed to evidence that identified actions have been undertaken.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met. See section 5.2.5 for more details.	
Area for improvement 2 Ref: Standard 31 Stated: First time	The registered person shall review the administration of thickening agents, to ensure that records clearly indicate the fluid consistency prescribed and when they are administered.	Met
	Action taken as confirmed during the inspection: Review of medication records evidenced that the administration of thickening agents was appropriately recorded and the use of thickening agents was in accordance with individual resident's SALT recommendations.	

Area for improvement 3	The registered person shall ensure that detailed records of all incoming medicines are maintained.	Met
Ref: Standard 31		
Stated: First time	Action taken as confirmed during the inspection: Review of medication records evidenced that a detailed record of incoming medicines was appropriately maintained.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job. An overview of staff compliance with mandatory training was maintained and staff were reminded when training was due. Staff completed mandatory training in a range of topics appropriate for their role including adult safeguarding, dysphagia awareness, fire safety and deprivation of liberty safeguards (DoLS).

Staff said they felt well trained to carry out their work effectively and commented positively about the delegation of tasks and the level of responsibility they were given commensurate with their role in the home.

There was a system in place to monitor staffs' registration with the Northern Ireland Social Care Council (NISCC). The manager said that the importance and necessity of being registered with NISCC was impressed upon staff from their induction onwards and staff were reminded of their own responsibilities in ensuring that they were registered appropriately. Review of records provided assurances that all staff were appropriately registered with NISCC.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty.

Staff said that teamwork was good and they were satisfied with staffing levels. Staff confirmed that efforts were made to cover unplanned absences, such as short notice sick leave, to ensure that shifts were covered.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable regarding the individual residents' needs, daily routines and preferences. Residents' care records were held safely and confidentially.

Review of care records evidenced that care plans were developed in consultation with the resident, their next of kin and their aligned key worker to direct staff on how to meet residents' needs. Any advice or directions by other healthcare professionals was included in the assessments and care plans which were regularly reviewed by staff. Residents' care records accurately reflected their needs.

Residents' individual likes and preferences were reflected throughout the records. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

It was observed that staff respected residents' privacy by knocking on doors and seeking permission before entering bathrooms or bedrooms.

At times some residents may be required to use equipment that can be considered to be restrictive, for example, lap belts for transfers and/or bed rails. It was established that safe systems were in place to manage this aspect of care. The manager maintained a general overview of the restrictive practices in use in the home but agreed it would be beneficial to include the specific practices in use for each resident. The updated overview of restrictive practices in use will be reviewed at the next care inspection.

Where a resident was at risk of falling, measures to reduce this risk were put in place. Review of records and discussion with staff confirmed that the risk of falling and falls were well managed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals from simple encouragement through to full assistance from staff. The dining experience was an opportunity for residents to socialise, music was playing and the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The daily menu was on display in the dining room. A good choice of drinks and meals was offered to residents. The food was attractively presented and smelled appetising.

Staff told us how they were made aware of residents' nutritional needs to ensure they were provided with the right consistency of diet. Review of records evidenced that the recommendations of the speech and language therapist (SALT) and/or the dietician were followed.

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

Residents said they enjoyed the food on offer in the home.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was warm, clean, tidy and well maintained. Fire exits and corridors were free from obstacles. Resident's bedrooms were attractively decorated and personalised with lots of homely touches such as matching curtains and duvet covers and items that were important to the resident, for example, family photos, pictures, ornaments and cuddly toys.

Communal lounges and the dining room were welcoming and comfortable spaces for residents to spend time in.

It was observed that, other than in bathrooms and the sensory room, there was no call bell system in place for residents and staff to summon assistance if and when required. An area for improvement was identified. The manager discussed how this was managed and said that as most residents were unable to use a call bell staff routinely carried out regular observations to ensure that all residents were safe and well. The manager also said that if help was required one member of staff would stay with the resident while another went to summon assistance. However, there was no formal protocol in place to guide staff in the absence of a suitable system or to provide for residents who could summon help using a call bell system.

The lack of a suitable call bell system throughout the home was brought to the attention of senior managers in the Belfast HSC Trust for information and appropriate action. It was agreed that RQIA will be provided with an action plan, a time frame for installation of a suitable call bell system and a copy of the protocol developed to manage the situation in the interim once plans have been agreed and put in place.

It was noted that some staff were wearing long sleeved garments and were therefore not adhering to the practice of being bare below the elbow; this can impede effective hand hygiene. Staff said that they would always remove long sleeved garments prior to delivering care to the residents. However, it was observed that staff were not consistently bare below the elbow when assisting residents with tasks such as meals and mobilising.

Kitchen staff were observed to use PPE appropriately when preparing and serving the meals. However, care staff did not consistently don aprons to serve lunch to the residents. Other staff, who were present in the dining room but not involved in the serving of lunch, were seen to remove their masks for a time despite residents still being present in the dining room.

Review of records confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided for staff. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept. However, it was observed during the inspection that the training provided had not been fully embedded into practice. This was brought to the attention of the manager for information and action and an area for improvement was identified.

Residents said the home was kept clean and tidy and did not express any concerns regarding summoning assistance when needed.

5.2.4 Quality of Life for Residents

On the day of the inspection some of the residents went out to their day centre places and it was very positive to note that this important aspect of social care had opened up again for residents following closures due to Covid-19. Staff explained that arrangements were in place for other residents to commence new day centre attendances. Staff were seen to be very attentive to residents when they were leaving the home and also on their return. They ensured the residents were comfortable, warmly dressed and appropriately seated if they were using wheelchairs.

Discussion with residents confirmed that they were able to choose how they spent their day. One resident said that it was their choice not to attend a day centre and that staff ensured they were able to take part in other activities they enjoyed and preferred such as shopping and gardening.

It was observed that staff offered choices to residents throughout the day which included whereabouts they preferred to spend their time, food and drink options and whether to join in activities or not.

Birthdays and holidays were celebrated in the home which was very attractively and brightly decorated for Christmas. Residents' artworks were on display in the corridors.

The activities provided were meaningful and catered for both groups of residents or individual residents depending on needs and preferences. The current schedule included varied activities such as 'arts for all', baking, board games, gardening and a walking group. Trips out were also planned and many of these were appropriately seasonal, for example, going to the Opera House and the Lyric Theatre and visiting the Christmas Market. Other regular trips out included going for coffee or lunch, visiting the garden centre and going to the cinema. Trips out to attend religious services were planned for those residents who wished.

Residents said that they enjoyed the activities and were also able to do their 'own things'. Comments included that "I don't like doing art things but I do like puzzles and jigsaws" and "I love gardening and I can do that".

Staff were seen to communicate effectively with the residents and to treat them with kindness and compassion.

5.2.5 Management and Governance Arrangements

There has been a change in the management of the home since the last inspection. Mrs Victoria Dornan has been the acting manager in the home since 22 August 2022. Recruitment for a registered manager had not commenced at the time of this inspection.

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 system of auditing was in place to monitor the quality of care and other services provided to residents. Audits and associated action plans were appropriately signed and dated.

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 manager and the deputy manager were identified as the appointed safeguarding champions for the home. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

There was a system in place to manage complaints. The manager said that complaints were seen as an opportunity to for the team to learn and improve.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA.

Staff commented positively about the management team and communication within the home. Staff said that they felt they had a say in things and that their views were valued.

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 2021).

	Regulations	Standards
Total number of Areas for Improvement	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team 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 (1) (a)(b) Stated: First time To be completed by: Immediate action required	<p>The registered person shall ensure that a suitable call bell system is installed throughout the home in order that staff and residents can appropriately summon assistance if and when required.</p> <p>A formal protocol, to guide staff in the absence of a suitable system and to provide for residents who can summon help using a call bell system, should be developed and put into operation until a suitable system has been installed.</p> <p>Ref: 5.2.3</p>
	<p>Response by registered person detailing the actions taken:</p> <p>A business case is in progress for the installation of a call bell system. This will be accessible to staff and residents. It is estimated this procurement and installation process will installation require six months to complete.</p> <p>In the absence of a call bell system the registered manager has implemented a formal protocol to assist staff and residents. This has been shared ensuring all staff are aware of the formal protocol and system that is in place.</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2021)	
Area for improvement 1 Ref: Standard 35 Stated: First time To be completed by: With immediate effect	The responsible person shall ensure that staff are aware of their responsibilities regarding maintaining effective IPC measures and the use of PPE. Staff should be provided with training updates in these areas. The system in place to monitor hand hygiene and the use of PPE should be effectively robust to identify and address deficits in these areas. Ref: 5.2.3
	Response by registered person detailing the actions taken: The registered manager has discussed with the staff team the importance of IPC measures including the use of PPE. This information has been communicated to the staff team via email and shared in the facility's communication book. The registered manager has instructed staff to access IPC refresher e-learning training and is monitoring until completion. The registered manager audits and monitors hand hygiene and the use of PPE. This auditing tool provides an effective immediate system to identify and address deficits.

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