



Secondary Unannounced Care Inspection

Name of Establishment: 80 Malone Road
Establishment ID No: 1005
Date of Inspection: 14 May 2014
Inspector's Name: Kylie Connor
Inspection No: 16619

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

GENERAL INFORMATION

Name of Home:	80 Malone Road
Address:	80 Malone Road Belfast BT9 5BU
Telephone Number:	(028) 9504 0370
E mail Address:	marian.lawther@belfasttrust.hscni.net
Registered Organisation/ Registered Provider:	Mr Colm Donaghy Belfast Health and Social Care Trust
Registered Manager:	Mrs Marian Lawther
Person in Charge of the home at the time of Inspection:	Delia Swain, Residential Worker
Categories of Care:	LD, LD(E)
Number of Registered Places:	14
Number of Residents Accommodated on Day of Inspection:	12
Scale of Charges (per week):	Trust Rates
Date and type of previous inspection:	9 October 2013 and 10 December 2013 Primary Announced Care Inspection
Date and time of inspection:	14 May 2014 2:00pm to 4:00pm
Name of Inspector:	Kylie Connor

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.

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.

METHODS/PROCESS

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

- Discussion with the person in charge
- Examination of records
- Consultation with stakeholders
- File audit
- Inspection of the premises
- Evaluation and feedback

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 Standard/s:

STANDARD 24 - STAFF SUPERVISION AND APPRAISAL

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:

Guidance - Compliance statements		
Compliance statement	Definition	Resulting Action in Inspection Report
0 - Not applicable		A reason must be clearly stated in the assessment contained within the inspection report
1 - Unlikely to become compliant		A reason must be clearly stated in the assessment contained within the inspection report
2 - Not compliant	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
3 - Moving towards compliance	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
4 - Substantially Compliant	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
5 - Compliant	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.

PROFILE OF SERVICE

80 Malone Road Residential Home is a two storey residential home, situated on a downward sloping site in South Belfast. Access is via a lift. It is approximately one mile from the city centre and is located close to local amenities and bus stops.

The home provides care and accommodation for ten permanent residents and has three respite care places which are used at present by approximately thirty individuals. One additional bed is retained for emergency use. The home is the responsibility of the Belfast Health and Social Care Trust.

Due to the nature of the sloping site, the home at the front entrance appears to be one storey. A shaft lift and staircase provide access between the two floors. Bedroom accommodation is on both floors and consists of eleven single and one double bedroom. There are two lounges, office accommodation, a kitchen and dining room on the ground floor. Bedrooms, a staff sleepover room and a large, well-equipped multi-sensory room are located on the lower ground floor. Funding for the equipment in the sensory room was largely the achievement of the 'Friends of' group with one family in particular being very pro-active.

The home has the use of a mini bus with wheelchair access to enable staff to take residents out. Outside, there is a pathway around the home, with a seating area. There is adequate car parking at the entrance to the home.

SUMMARY

This is a summary of a secondary unannounced care inspection of 80 Malone Residential Home which took place on 14 May 2014 from 2:00pm to 4:00pm by Kylie Connor, Inspector. The person in charge, Delia Smith informed the inspector that the registered manager was not working today. The person in charge was available for clarification and discussion during the inspection. The inspector spoke to the registered manager following the inspection to provide feedback.

The home was found to be in the progress of completing upgrading work to the environment but was observed to be clean, tidy and fresh smelling. A recommendation has been made. The inspector greeted and observed eight residents, spoke to two staff, observed others including two workmen.

Staff expressed positive views regarding the conduct of the home and of the care and support provided. Good relations were observed between staff and residents. Further information is available in regard to these matters in the additional areas examined section of the report.

The previous quality improvement plan could not be reviewed on this occasion and the follow up on previous issues provides further information.

The inspection focussed on examining standard 24 – staff supervision and appraisal. The home attained the level of compliant in regard to this standard.

There was evidence that relevant staff are trained in supervision of staff and that staff supervision and appraisals were completed in a timely manner.

Evidence demonstrated that policies and procedures pertaining to the areas of staff supervision and appraisal are in place. The inspector recommends that when being reviewed, consideration is given to guidance published by SCIE and the Northern Ireland Social Care Council (NISCC) Codes of Practice for Social Care Workers and Employers of Social Care Workers (2002) are reflected.

There were a total of three new and four existing recommendations made following this inspection. These are in the areas pertaining to: care reviews; recruitment and selection; supervision and appraisal policies and procedures and the environment.

The inspector wishes to acknowledge the full co-operation of the person in charge, residents, and staff throughout the duration of the inspection and the registered manager following the inspection. The inspector would like to thank all those involved for their time, open and honest conversation and for the hospitality receive.

FOLLOW-UP ON PREVIOUS ISSUES

NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	11.1	The home participates in review meetings organised by the referring trust responsible for the resident's placement in the home.	The person in charge stated that there have been no care reviews since the last inspection, therefore this will be examined during the next inspection.	Not Examined
2	11.3	The registered manager should ensure that pre-review reports include the area of finance.	The person in charge stated that there have been no care reviews since the last inspection, therefore this will be examined during the next inspection.	Not Examined
3	19.2	The registered manager should ensure that a checklist and or verification for staff is held in the home.	Records were not available on the day of the inspection as the registered manager alone has access. This will be examined during the next inspection.	Not Examined
4	19.2	The registered manager should ensure that confirmation of all records for all agency staff should be held in the home including photographic identification.	Records were not available on the day of the inspection as the registered manager alone has access. This will be examined during the next inspection.	Not Examined

STANDARD 24 - STAFF SUPERVISION AND APPRAISAL

Staff are supervised and their performance appraised to promote the delivery of quality care and services.

Criterion Assessed:	COMPLIANCE LEVEL
<p>24.1 Managers and supervisory staff are trained in supervision and performance appraisal.</p>	
Inspection Findings:	
<p>Evidence demonstrated that the registered manager supervises band 5 residential workers who supervise band 3 residential workers and that the registered manager carries out performance appraisal for all care staff. Auxiliary staff are managed by an external line manager who liaises with the registered manager.</p> <p>Staff training records evidenced that Band 5 staff had received training in supervision in June 2013. Staff stated that the registered manager supervises all new staff.</p>	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
<p>24.2 Staff have recorded individual, formal supervision according to the home's procedures and no less than every six months for staff who are performing satisfactorily. More frequent recorded supervision is held for new staff and staff who are not performing satisfactorily.</p>	
Inspection Findings:	
<p>A policy and procedure for staff supervision, dated October 2011 is in place and refers to the appraisal framework and requirements within the NISCC's Post Registration Training and Learning (PRTL) but not to the NISCC Code of Practice and a recommendation has been made. The inspector directs the registered provider to guidance published by SCIE, Effective supervision in a variety of settings (May 2013).</p> <p>Staff spoken to stated that supervision takes place every three to four months. The person in charge confirmed that more frequent recorded supervision would be undertaken for new staff and staff who were not performing satisfactorily.</p> <p>The inspector met with two care staff who confirmed that they received formal supervision. Mixed views were expressed in regard to QCF Level 3 training provision to staff and the benefits of supervision which was brought to the registered managers' attention. The inspector was informed that these issues were discussed with staff at a pre-arranged meeting following the inspection.</p>	Compliant

STANDARD 24 - STAFF SUPERVISION AND APPRAISAL

Staff are supervised and their performance appraised to promote the delivery of quality care and services.

Criterion Assessed:	COMPLIANCE LEVEL
24.3 Supervision sessions are planned in advance and dedicated time set aside.	
Inspection Findings:	
Discussion with two care staff confirmed that supervision sessions were planned in advance and dedicated time was set aside.	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
24.4 Supervisory staff report any serious and/or recurring issues arising in supervision to the manager.	
Inspection Findings:	
Discussion with the person in charge confirmed that any serious and/or recurring issues arising are discussed in supervision. There was confirmation that the registered manager would be made aware of any issues immediately and that discussions could be arranged outside the supervision process.	Compliant
Criterion Assessed:	COMPLIANCE LEVEL
24.5 Staff have a recorded annual appraisal with their line manager to review their performance against their job description and to agree personal development plans.	
Inspection Findings:	
Discussion with staff confirmed that they receive annual appraisals and that these contribute to their personal development plans.	Compliant
Discussion with staff confirmed that they benefited from the annual appraisal meeting which is undertaken by the registered manager and that they were involved in agreeing their personal development plan.	
The registered manager confirmed that the outcome of supervision and appraisal sessions informs the development of the annual training programme. Staff confirmed that supervision and appraisal sessions are held separately.	

<p>Criterion Assessed: 24.6 Staff who are contracted to undertake specific services receive guidance and support that corresponds to their role and responsibilities.</p>	<p>COMPLIANCE LEVEL</p>
<p>Inspection Findings: Discussion with the person in charge evidenced that an agency worker is currently receiving supervision from the registered manager.</p>	<p>Compliant</p>

<p>INSPECTOR'S OVERALL ASSESSMENT OF THE RESIDENTIAL HOME'S COMPLIANCE LEVEL AGAINST THE STANDARD ASSESSED</p>	<p>COMPLIANCE LEVEL</p>
	<p>Compliant</p>

ADDITIONAL AREAS EXAMINED

1.1 Environment

Following the major improvement work undertaken during 2013, the home was found to be in the process of having a number of 'snags' and upgrading work completed. The person in charge accompanied the inspector walking around the home. The inspector advised that there should be no excess toilet rolls on display and that the sluice room and laundry should be locked when not in use.

On the day of the inspection, two electricians were continuing the work to upgrade the lighting and informed the inspector that this would take another one to two weeks.

The sensory room was not in use and work was on-going to treat damp patches following the removal of a chimney. One bath was not in use and the inspector was informed that a part had been ordered. One bedroom carpet was observed to be stained and staff reported difficulties drying clothes and sleep systems which cannot be tumble dried. A recommendation has been made.

Despite these difficulties, the home was observed to be clean, fresh smelling and bedrooms were individually personalised. The registered manager confirmed that re-decoration would take place following completion of all upgrading and improvement works.

1.2 Residents' Views

During the inspection the inspector greeted and observed eight residents who were returning from day care. Staff were observed to prepare for the residents arrival home, greeted residents warmly, responded to their individual needs promptly and provided refreshments.

Residents were observed to be appropriately dressed with good attention to personal appearance. Residents quickly settled and appeared relaxed and content. Staff were observed identifying issues in regard to two residents and immediately informed the person in charge and promptly liaised with the day centre.

1.3 Staff Views

The inspector met with two staff during the inspection who expressed their disappointment that the upgrading and improvement work is not completed. They expressed positive views regarding the conduct of the home and the standard of care and support provided to residents.

Mixed views were expressed in regard to the benefits of supervision which was brought to the registered managers' attention who confirmed that these were discussed in a pre-arranged meeting following the inspection.

Examples of staff comments were as follows:

"All staff do a good job in here."

Staff can raise any issue with the manager "at any time."

QUALITY IMPROVEMENT PLAN

The details of the Quality Improvement Plan appended to this report were discussed with Marian Lawther 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:

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



Quality Improvement Plan

Secondary Unannounced Care Inspection

80 Malone Road

14 May 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 Marian Lawther, Registered Manager either during or after 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.

Recommendations

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	<p>The registered manager should provide an update in regard to;</p> <p>The home participates in review meetings organised by the referring trust responsible for the resident's placement in the home.</p>	Once	<p>The BHSCT Policy for Residential Care was reviewed in April 2014 to include:</p> <ul style="list-style-type: none">- who is responsible for convening reviews- who should attend and the frequency reviews should occur, but at least annually. <p>Implementation timescale is October 2014.</p>	By return of QIP
2	11.3	<p>The registered manager should provide an update in regard to;</p> <p>The registered manager should ensure that pre-review reports include the area of finance.</p>	Once	<p>Annual reviews are planned to be held by the home during June 2014. The area of finance is now included in all reports.</p>	By return of QIP
3	19.2	<p>The registered manager should provide an update in regard to;</p> <p>The registered manager should ensure that a checklist and or verification for staff is held in the home.</p>	Once	<p>The registered manager has an email dated 30/1/14 from the Trust's HR department stating that 'in agreement with RQIA' a checklist and verification for staff in post is held at corporate level within the HR function and access to this information is restricted to those who need it in the course of their duties.</p>	By return of QIP

4	19.2	<p>The registered manager should provide an update in regard to;</p> <p>The registered manager should ensure that confirmation of all records for all agency staff should be held in the home including photographic identification.</p>	Once	<p>The registered manager maintains a record on file of all agency staff who work in the home along with a copy of their NISCC registration certificate and photographic identification.</p> <p>Data protection regulations dictate that this information is securely held and only the registered manager, or in her absence, her deputy has access.</p>	By return of QIP
5	24.2	<p>A review of policies and procedures pertaining to staff supervision and appraisals should be undertaken to include consideration of (NISCC) Codes of Practice for Social Care Workers and Employers of Social Care Workers (2002) and guidance published by SCIE, Effective supervision in a variety of settings (May 2013).</p>	Once	<p>A review of policies and procedures pertaining to staff supervision and appraisals to include consideration of NISCC Codes of Practice for Social Care Workers and Employers of Social Care Workers (2002) and guidance published by SCIE (2013) will be completed by 1st October, 2014.</p> <p>In the meantime, the registered manager has added the NISCC Codes of Practice (2002) and SCIE document on Effective Supervision in a variety of settings (May 2013) to the file containing the Trust's supervision policy within the</p>	1 October 2014

				home for staff guidance.	
6	27	A review should take place in regard to the arrangements in place to dry clothes and sleeping systems which cannot be tumble dried.	Once	The manager has arranged with laundry staff to ensure the drying of all clothes and sleep systems which cannot be tumble dried are carried out within the laundry room area. Actioned on 12/6/14.	20 July 2014
7	27	A schedule should be developed to confirm: <ul style="list-style-type: none"> • Completion of all upgrading work including treatment of damp • Replacement of identified bedroom carpet • Sensory room in use • Start and completion dates of remaining redecorating 	Once	<p>A schedule of works was developed for the completion of all upgrading work including treatment of damp, replacement, examination of bedroom carpet, use of sensory room and completion of remaining decorating works.</p> <p>The upgrading of all work regarding dampness to chimney breasts in lounges has been completed and decoration of both lounges completed on 27/5/14.</p> <p>Bedroom carpets have been examined, did not need replaced but have been thoroughly cleaned.</p> <p>The sensory room is now in full working order following the dampness on chimney breast being treated and a log is maintained as to it's use.</p>	20 July 2014

				<p>The registered manager has submitted a request for all remaining decoration to be completed and a schedule is currently being developed by the estates. When received the schedule will be forwarded to RQIA.</p>	
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Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

NAME OF REGISTERED MANAGER COMPLETING QIP	Marian Lawther
NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP	martin dillon

QIP Position Based on Comments from Registered Persons	Yes	Inspector	Date
Response assessed by inspector as acceptable	Yes	John McAuley	23 July 2014
Further information requested from provider			