



Unannounced Care Inspection Report 13 January 2020



80 Malone Road

Type of Service: Residential Care Home
Address: 80 Malone Road, Belfast BT9 5BU
Tel No: 028 90681084
Inspector: Debbie Wylie

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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

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

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 14 residents.

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust Responsible Individual: Martin Joseph Dillon	Registered Manager and date registered: Fiona Campbell 23 April 2018
Person in charge at the time of inspection: Fiona Campbell	Number of registered places: 14
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Total number of residents in the residential care home on the day of this inspection: 10

4.0 Inspection summary

An unannounced inspection took place on 13 January 2020 from 09.30 hours to 15.30 hours. This inspection was undertaken by the 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.

Evidence of good practice was found in relation to staffing, care records, the culture and ethos of the home and staff training.

Areas requiring improvement were identified including infection prevention and control, management oversight, control of substances hazardous to health, displaying of the daily menu board and activities.

Residents described living in the home in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with staff.

Comments received from residents, people who visit them or professionals and staff during and after the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	*6

*The total number of areas for improvement includes two standards which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Fiona Campbell, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 27 July 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 27 July 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous care inspection, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire.

During the inspection a sample of records was examined which included:

- staff duty rotas from 9 to 20 January 2020
- staff training matrix
- a sample of staff meeting records
- three residents' records of care
- a sample of complaint records
- a sample of compliment records
- a sample of governance audits
- accident/incident records from August 2019 to January 2020
- monthly monitoring reports from August 2019 to December 2020
- RQIA registration certificate

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not met.

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

6.0 The inspection

6.1 Review of areas for improvement from the last care inspection dated 27 July 2019

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 6.3 Stated: First time	The registered person shall ensure that the resident or their representative, where appropriate, sign the care plan. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.	Partially met
	Action taken as confirmed during the inspection: Review of residents' records showed that not all the care plans had been signed or recorded as unable to sign where appropriate. This area for improvement has been partially met and has been stated for a second time.	
Area for improvement 2 Ref: Standard 7.4 Stated: First time	The registered person shall ensure that completed written consent forms, where used, are maintained within individual case records. This should include, but is not limited to, consent for care and treatment, information sharing arrangements, use and display of photography and any restrictive practices used in the home. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.	Partially met
	Action taken as confirmed during the inspection: Review of residents' records found that not all written consent forms for care and treatment, sharing of information, use and display of photographs and any restrictive practices used in the home had been signed or recorded being unable or chooses not to sign where appropriate. This area for improvement has been partially met and has been stated for a second time.	

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

The planned staffing levels were confirmed by the manager as being achieved on the day of the inspection and meeting the needs of residents. Discussion with staff also evidenced that staffing levels were achieved. A review of the staffing rota from 9 to 20 January 2020 confirmed this. The manager advised us that the home was working within its registered categories of care.

We saw that staff attended to residents' needs and requests for assistance in a timely and caring manner. Staff and residents were seen to be relaxed in each other's company and to chat about plans for the day. Staff told us they were satisfied that they had sufficient time to care for the residents.

Staff told us they received regular training to ensure they had the skills to provide care and to help keep residents safe. We reviewed training records and confirmed mandatory training was planned and monitored for all staff and that additional training was provided to ensure the needs of residents were met.

We reviewed three residents' care records which evidenced that risk assessments and care plans were in place for a range of assessed needs. Care records were being updated by staff and the manager.

The home was warm, well-lit and generally well presented throughout. Corridors were clutter free and fire exits were free from obstacles. Residents' bedrooms were personalised with their own belongings and memorabilia. The bedrooms were clean, tidy and well decorated. Bathrooms inspected were found to have toiletries and creams which had the potential to be shared amongst residents. We also noted the inappropriate storage of gloves, aprons and equipment in bathrooms, stained toilet roll holders and baths. An area for improvement was made

Cleaning was being carried out in the home during the morning. We saw that the cleaning trolley containing cleaning chemicals was left unattended in an unlocked sluice room; the medical room was also unlocked with unrestricted access to topical creams and sanitising gel. An area for improvement was made and the manager explained that a request has been submitted for repair of the medication room and cupboard lock, however until these repairs are completed measures must be put in place to ensure that topical creams and sanitising gel are stored securely

Areas for improvement

The following areas were identified for improvement; infection prevention, storage of creams and cleaning chemicals.

	Regulations	Standards
Total number of areas for improvement	2	0

6.4 Is care effective?

The right care, at the right time in the right place with the best outcome.

Residents unable to express their opinion and views were seen to be relaxed and comfortable. Interactions between residents and staff were observed to be respectful, caring and kind.

Care records reviewed showed that residents' care needs were assessed by staff. A range of care plans and risk assessments were in place to make sure that residents were receiving the right care at the right time and this was reviewed regularly.

Staff were observed working well as a team while discussing residents' daily routine and support. A record of liaison with other care professionals was reviewed and evidenced that they were contacted when residents needed their assistance with care needs.

Staff confirmed that they had no concerns about the residents' care or treatment. Staff were able to describe the action they would take if they had any concerns about the care of the residents.

Staff had a good knowledge of residents' individual need and were able to describe how they would care for residents at risk of choking and requiring a modified diet. Staff training records evidenced that staff had received training in these areas of care.

Areas for improvement

No areas for improvement were identified in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

There was a relaxed atmosphere in the home as residents prepared to leave for their daily routines. Staff assisted residents to put on their coats in a polite and respectful manner. Residents were well presented and were appropriately dressed. Clothing was laundered to a high standard and personal care had been undertaken.

We saw residents treated with dignity and respect with staff asking about their preference and wishes while providing snacks. There was no menu board displaying the choice of meal for the day and an area for improvement was made.

We saw that there was no programme of activities or events available to residents. This was discussed with the manager and an area for improvement was made.

We reviewed the record of reports of accidents and incidents in the home and evidenced that not all notifiable events were being reported to RQIA. This was discussed with the manager and an area for improvement was made.

Procedures were in place to manage complaints. Records were available of any complaints received and included if the complaints were resolved. There were lovely examples of compliments:

“Thank you so much for all your kindness and support.”

“Excellent care.”

As part of the inspection we asked residents, family members and staff to provide us with their comments via questionnaires. A total of six questionnaires were returned and stated they were very satisfied with the care, staff and safety of the home.

Any comments from residents and/or their family members received after the return date will be shared with the manager for their information and action, as required.

Areas for improvement

The following areas were identified for improvement in relation to; the displaying of a daily menu board and planned activities board.

	Regulations	Standards
Total number of areas for improvement	0	2

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

Since the last care inspection in July 2019 there has been no changes to the management arrangements in the home.

Interaction between the manager and staff was observed to be relaxed and respectful. Staff told us:

“The manager’s door is always open for staff.”

“We have good management support.”

Staff were invited to provide comments to RQIA via an on-line questionnaire. None were received.

We requested to review a sample of governance records to assure us that robust systems were in place to regularly review the quality of the care and other services provided to residents. Discussion with the manager identified that regular audits were not being completed. For example: falls, care records, infection prevention and control and the home's environment. This was identified as an area for improvement.

We reviewed a sample of the monthly monitoring reports from August to December 2019. An action plan for any areas of improvement was included in the report. However the areas for improvement were not reviewed during the next visit to ensure the necessary improvements had been made. This was identified as an area for improvement.

Areas for improvement

The following areas were identified for improvement in relation to the completion of governance audits, reporting of notifiable events and follow up of the deficits identified in the monthly monitoring reports.

	Regulations	Standards
Total number of areas for improvement	0	2

7.0 Quality improvement plan

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

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

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

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

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall ensure toiletries, creams, gloves, aprons and equipment are not stored in bathrooms and stained toilet roll holders and baths are cleaned.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: In response to this area of improvement and owing to the nature of the client group, gloves and aprons have been stored in dispensers within bathrooms. It is unsafe and inappropriate to store these outside of bathrooms for a variety of reasons detailed in the Health and Safety Risk Assessment. Additional cupboards have been requested for bathrooms containing WCs and these will be installed by end March 2020. The glove and apron dispenser will be inside these cupboards.</p> <p>Toiletries and topical creams are not routinely stored in bathrooms and are never shared amongst residents. On the morning of inspection some toiletries had been left behind by care staff who needed to accompany residents onwards to dining areas/lounges and had not yet returned to tidy the bathrooms.</p> <p>Currently there is no alternative storage space for the Arjo Maxi Twin hoist. All other options compromise resident safety by blocking fire exits or creating a tripping hazard for partially sighted residents. A Health and Safety Risk Assessment has been completed to indicate that the hoist must be cleaned daily with antibacterial wipes. The cleaning issue has been addressed with the PCSS supervisor.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 14 (2)(a) (c)</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall ensure cleaning chemicals, topical creams and sanitising gel are stored securely.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: In response to this area of improvement, the broken locks on topical creams cupboard and sanitising gel cupboard have been repaired by Estates Services. Senior staff have been reminded of the need to keep the door of the Medication Room locked.</p> <p>The issue of the unlocked cleaning trolley has been addressed with the PCSS Supervisor who has advised PCSS staff to ensure the trolley is locked at all times even when PCSS operatives are in close proximity.</p>

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 6.3 Stated: Second time To be completed by: 31 October 2019	The registered person shall ensure that the resident or their representative, where appropriate, sign the care plan. If the resident or their representative is unable to sign or chooses not to sign, this is recorded. Ref: 6.4
	Response by registered person detailing the actions taken: In response to this area of improvement, the registered person will ensure that the care plans are signed by the resident or their representative, where appropriate. If the resident or their representative is unable or chooses not to sign this will be documented.
Area for improvement 2 Ref: Standard 7.4 Stated: Second time To be completed by: 31 October 2019	The registered person shall ensure that completed written consent forms, where used, are maintained within individual case records. This should include, but is not limited to, consent for care and treatment, information sharing arrangements, use and display of photography and any restrictive practices used in the home. If the resident or their representative is unable to sign or chooses not to sign, this is recorded. Ref: 6.5
	Response by registered person detailing the actions taken: In response to this area of improvement, the registered person has been going to great lengths to contact the carers of residents, including those that have minimal contact. Re the Consent Documents that remain unsigned - this has been recorded in the residents notes that the resident or their representative is unable/unavailable to sign.
Area for improvement 3 Ref: Standard 12.4 Stated: First time To be completed by: 28 February 2020	The registered person shall ensure that the daily menu is displayed in a suitable format and in an appropriate location. Ref: 6.4
	Response by registered person detailing the actions taken: On the day of inspection the Daily Menu board was unavailable as it has been taken down to accommodate painting. A photographic menu is now available.

<p>Area for improvement 4</p> <p>Ref: Standard 13</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2020</p>	<p>The registered person shall ensure that the home offers a structured programme of activities and events, related to the statement of purpose and identified needs of the residents.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: The home offers a wide range of activities for residents who have profound learning disabilities, complex health care and sensory needs. These are provided on a one to one basis. In addition to this the home has offered individual and group outings throughout the year. The majority of residents also have placements in Day Care settings 4-5 days each week.</p>
<p>Area for improvement 5</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall ensure that working practices are systemically audited to ensure they are consistent with the homes' documented policies and procedures and action is taken when necessary.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: In response to this area of improvement, a number of audits are already in place including environmental cleanliness, residents finances, condition of mattresses and equipment maintenance. However additional audits will be conducted to ensure that all working practices are consistent with the homes policies and procedures and action will be taken when necessary.</p>
<p>Area for improvement 6</p> <p>Ref: Standard 20.11</p> <p>Stated: First time</p> <p>To be completed by: Immediately from the date of inspection</p>	<p>The registered person shall ensure that any deficits identified in the monthly monitoring reports are followed up in a timely manner and documented when complete.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: In response to this area of improvement the deficits identified in the monthly monitoring reports will be followed up in a timely manner and documented when complete.</p>

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



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