



The **Regulation** and  
**Quality Improvement**  
Authority

# Unannounced Care Inspection Report 6 March 2019



## 80 Malone Road

**Type of Service: Residential Care Home**  
**Address: 80 Malone Road, Belfast, BT9 5BU**  
**Tel No: 028 9504 0370**  
**Inspector: Kylie Connor**

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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 provider from their responsibility for maintaining compliance with legislation, standards and best practice.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with 14 places that provides care and accommodation for adults with a learning disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast HSC Trust  <b>Responsible Individual:</b> Martin Dillon	<b>Registered Manager:</b> Fiona Campbell
<b>Person in charge at the time of inspection:</b> Eddie Arthur, residential worker until 08.55 Fiona Campbell, registered manager from 08.55	<b>Date manager registered:</b> 23 April 2018
<b>Categories of care:</b> Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Number of registered places:</b> 14

### 4.0 Inspection summary

An unannounced inspection took place on 6 March 2019 from 08.05 to 11.15.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

The inspection assessed progress with any areas for improvement identified during 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 regard to the development of an individual IDDSI chart for residents and respite users, the mealtime experience for residents and communication between staff and between staff and residents.

The home is commended that there were no areas requiring improvement identified during the inspection.

Residents were observed to be relaxed and happy during the inspection. Residents spoken with said that they had good relations with staff and enjoyed the food provided.

Staff said that the quality and variety of the meals was good, that the registered manager was supportive and had made positive improvements that had benefitted the residents.

The following areas were examined during the inspection:

- meals and mealtimes
- feedback from residents and staff during the inspection

## 4.1 Inspection outcome

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Fiona Campbell, registered manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

## 4.2 Action/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP no further actions were required to be taken following the most recent inspection on 5 June 2018.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- the previous inspection report and the returned QIP
- notifiable events
- written and verbal communication received since the previous care inspection

The inspector greeted most residents during the inspection and observed six residents during breakfast. The inspector also met with the registered manager, one care staff and one support services staff.

A total of ten questionnaires were provided for distribution to residents and/or their representatives to enable them to share their views with RQIA. A poster was provided for staff detailing how they could complete an electronic questionnaire. A number of 'Have we missed you?' cards were left on display inviting feedback from relatives or visitors. Three questionnaires were returned by residents within the agreed timescale.

The following records were examined during the inspection:

- care records for two residents
- records of residents' weight
- the menu

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 most recent inspection dated 6 June 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector.

### 6.2 Review of areas for improvement from the last care inspection dated 6 June 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 15 (2) (a) (b) <b>Stated:</b> First time	The registered person shall ensure that the prior to every admission the assessment of the needs of residents availing of respite are revised and updated.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Compliance was confirmed following review of the care records for one respite user and discussions with the registered manager and staff.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 14 2 (a) <b>Stated:</b> First time	The registered person shall ensure that free-standing furniture is safely secured to the wall. The identified wardrobe should be secured.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Compliance was confirmed following an inspection of the environment and discussion with the registered manager.	

## 6.3 Inspection findings

### 6.3.1 Meals and meal-times

The breakfast-time meal was observed which was provided at a conventional time.

The dining room was clean, well lit and there was sufficient space around the tables to afford residents and staff ease of movement. Observation and discussions with the support services staff confirmed that there is a range of suitable crockery, cups and glasses to meet the needs of residents.

Discussion with staff and a review of the menu confirmed that residents are provided with a nutritious and varied diet, which meets their individual and recorded dietary needs and preferences. Staff reported that full account is taken of relevant guidance documents or guidance provided by dietitians and other professionals and disciplines.

Staff spoken with were knowledgeable of residents' individual dietary needs and preferences; they were also aware of the International Dysphasia Diet Standardisation Initiative (IDDSI) and information had been disseminated to staff who had attended training. A colour IDDSI chart was available in the kitchen for staff reference. The registered manager had also developed a chart for each resident and for a number of respite users; this chart depicted each residents' nutritional needs, using the IDDSI symbols and was also on display in the kitchen for staff reference. This represented best practice.

Meals are delivered to the home by a cooked chilled meal service and are heated in the kitchen by support services staff. The breakfast consisted of a choice of six cereals, fruit and a selection of breads. Staff verified that variations are accommodated and that there is good communication between care staff and support services staff in regard to changes in residents' dietary requirements or health.

Observation of care staff, support services staff and residents during breakfast evidenced that staff were knowledgeable of residents' likes, dislikes and preferences. Staff were attentive to residents' needs, for example, the support service staff was observed encouraging a resident to sit more comfortably in their chair and to pull their chair in closer to the table to improve which improved the resident's ease of eating their breakfast independently. Every resident's breakfast was well presented on the plate or bowl and in a consistency that met residents' needs. A choice of hot or cold drinks was offered and residents ate at their own pace.

There was sufficient staff on duty to supervise and meet the needs of residents who needed assistance or encouragement. Clothes protectors were available for residents who needed them or who choose to use them.

As staff assisted residents into the dining room staff asked some residents, "Are you hungry?" Throughout breakfast, staff engaged in conversation with residents about the day ahead and forthcoming plans for Easter. Staff prompted residents to eat or eat slowly and asked residents' if they would like more to eat or drink. The registered manager and care staff who were assisting some residents' to eat were very attentive towards residents during breakfast and demonstrated a person centred approach and compassion in their manner. Suitable background music added to the overall ambiance and residents' enjoyment during breakfast.

Discussion with staff confirmed that hot and cold drinks and snacks are available at customary intervals, and fresh drinking water is available at all times.

Staff advised that menus and snacks are provided for special occasions for example, Easter, Christmas and residents' birthdays. The registered manager advised that the provision of a pictorial menu on display would not meet the needs of residents who currently availed of the service but that this would be kept under review and would be provided if a need was identified in the future.

A record was kept of the meals provided in sufficient detail to enable any person inspecting it to determine whether the diet for each resident was satisfactory.

A review of two residents’ care records and discussion with the registered manager confirmed that residents’ weight is monitored at suitable intervals. Where a resident’s appetite is reduced or is excessive a record is kept and reported to the registered manager or senior staff in charge of the home. The registered manager gave an example of techniques used with a resident during breakfast today to encourage them to eat. Where necessary, a referral is made to the relevant professionals and a record kept of the action taken. Discussion with staff confirmed that the home is well supported by dieticians and speech and language therapists (SALT).

**6.3.2 Feedback received from residents and staff during the inspection and from residents following the inspection**

Observation of and communication with residents in line with their abilities evidenced that residents were relaxed and happy living in the home, that they enjoyed the food and had very good relations with staff and each other.

Three questionnaires were returned by residents following the inspection. Residents were asked, do you feel safe, are staff kind, is your care good and is this place well-organised? Residents indicated yes to these questions. One questionnaire indicated that the resident was unable to understand, is this place well-organised?

Staff spoken with confirmed that they can meet the needs of residents in the home and that there is good communication between all staff. Staff said that the food was good and that they had time to engage in activities with residents. Staff spoke positively in regard to the registered manager being approachable and supportive.

Comments received from staff included:

- “It’s (frozen pureed meals) very well presented and they taste fine.”
- “We have the IDDSI charts up and we have been on the course.”
- “We have enough staff and the time to sit and feed residents and do other things like going out.”
- “At lunch, (support services staff) ask (residents) what they would like and at dinner there is quite a variety.”
- “The curry is as good as any takeaway.”
- “She (the registered manager) is brilliant...she has made a lot of positive changes.”

**Areas of good practice**

Areas of good practice were identified in regard to the development of an individual IDDSI chart for residents and respite users, the mealtime experience for residents and communication between staff and between staff and residents.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

## 7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.





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

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