

Unannounced Care Inspection Report 18 May 2017



80 Malone Road

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

www.rgia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

1.0 Summary

An unannounced inspection of 80 Malone Road took place on 17 May 2017 from 10:15 to 16:00.

The inspection sought to assess progress with any issues raised during and since the last care inspection and to determine if the residential home was delivering safe, effective and compassionate care and if the service was well led.

Is care safe?

There were examples of good practice found throughout the inspection in relation to staff training, supervision and appraisal, adult safeguarding, infection prevention and control, risk management and the home's environment.

No requirements or recommendations were made in relation to this domain.

Is care effective?

There were examples of good practice found throughout the inspection in relation to care records and communication between residents, staff and other key stakeholders.

No requirements or recommendations were made in relation to this domain.

Is care compassionate?

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, listening to and valuing residents and taking account of the views of residents.

No requirements or recommendations were made in relation to this domain.

Is the service well led?

There were examples of good practice found throughout the inspection in relation to governance arrangements, management of complaints and incidents, quality improvement and maintaining good working relationships.

No requirements or recommendations were made in relation to this domain.

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

1.1 Inspection outcome

| | Requirements | Recommendations |
|---|--------------|-----------------|
| Total number of requirements and recommendations made at this inspection | 0 | 0 |

Details of the Quality Improvement Plan (QIP) within this report were discussed with Fiona Campbell, manager and Anne Campbell, operations manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

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

1.2 Actions/enforcement taken following the most recent care inspection

Other than those actions detailed in the QIP there were no further actions required to be taken following the most recent inspection on 24 January 2017.

2.0 Service details

| | |
|--|--|
| Registered organisation/registered person: Belfast HSC Trust/ Mr Martin Dillon | Registered manager: See below |
| Person in charge of the home at the time of inspection: Fiona Campbell | Date manager registered: Fiona Campbell - application received - "registration pending". |
| Categories of care: LD - Learning Disability LD (E) – Learning disability – over 65 years | Number of registered places: 14 |

3.0 Methods/processes

Prior to inspection the following records were analysed: the report and QIP from the last care inspection and notifications of accidents and incidents.

During the inspection the inspector met with three residents, two care staff, two visiting professionals, the manager and the operations manager.

The following records were examined during the inspection:

- Staff duty rota
- Staff supervision and annual appraisal schedules
- Staff training schedule/records
- Four residents' care records
- Minutes of recent staff meetings
- Complaints and compliments records
- Accident/incident/notifiable events register
- Monthly monitoring reports
- Fire safety risk assessment
- Fire drill records

- Maintenance of fire-fighting equipment, alarm system, emergency lighting, fire doors, etc
- Programme of activities
- Policies and procedures manual

Questionnaires were provided for distribution to residents, their representatives and staff for completion and return to RQIA. Ten questionnaires were returned within the requested timescale.

4.0 The inspection

4.1 Review of requirements and recommendations from the most recent inspection Dated 24 January 2017

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

4.2 Review of requirements and recommendations from the last care inspection dated 24 January 2017

| Last care inspection recommendations | | Validation of compliance |
|---|--|--------------------------|
| Recommendation 1 Ref: Standard 23.4 Stated: First time To be completed by: 28 February 2017 | The registered provider should ensure that staff in the home are provided with additional training in managing behaviours which challenge and in breakaway techniques. Action taken as confirmed during the inspection: Compliance was confirmed following discussion with the manager and staff. | Met |
| Recommendation 2 Ref: Standard 27.5 Stated: First time To be completed by: 31 March 2017 | The registered provider should ensure that paths around the home and outdoor furniture are maintained in a clean state. Action taken as confirmed during the inspection: Compliance was confirmed following discussion with the manager and observation of the exterior of the home. | |

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|---|--|-------------------|
| <p>Recommendation 3</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2017</p> | <p>The registered provider should ensure that any residents' allergies are noted in care plans and in risk assessments.</p> <hr/> <p>Action taken as confirmed during the inspection: Compliance was confirmed following discussion with the manager and inspection of three care records.</p> | <p>Met</p> |
| <p>Recommendation 4</p> <p>Ref: Standard 12.1</p> <p>Stated: First time</p> <p>To be completed by: 28 February 2017</p> | <p>The registered provider should ensure that salt and pepper cellars and high quality, branded sauces in bottles are used in order to provide a more domestic dining experience for residents.</p> <hr/> <p>Action taken as confirmed during the inspection: Compliance was confirmed following discussion with the manager.</p> | <p>Met</p> |

4.3 Is care safe?

The manager confirmed the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. Staff spoken to acknowledged that efforts are made to cover shifts and provide consistency of staff when using agency staff. Concerns were raised in two returned questionnaires from staff regarding noise levels in the home, the number of wheelchair users accommodated in the home at any one time and the dependency levels of residents. These concerns were shared with the manager who confirmed that she is aware of these issues and is taking steps to address. A review of the duty roster confirmed that it accurately reflected the staff working within the home.

Discussion with staff, review of staff files and a review of returned staff views questionnaires confirmed that mandatory training, supervision and appraisal of staff was regularly provided. The manager confirmed that training dates were being scheduled for staff in need of training or an annual appraisal. A schedule for managing mandatory training had been developed for ease of management.

Discussion with the manager confirmed that staff were recruited in line with Regulation 21 (1) (b), Schedule 2 of The Residential Care Homes Regulations (Northern Ireland) 2005 and that records were retained at the organisation's personnel department. Enhanced AccessNI disclosures were viewed by the manager for all staff prior to the commencement of employment.

Arrangements were in place to monitor the registration status of staff with their professional body. Care staff spoken to confirmed that they were registered with the Northern Ireland Health and Social Care Council (NISCC).

The adult safeguarding policy and procedure in place was consistent with the current regional guidance and included definitions of abuse, types of abuse and indicators, onward referral

arrangements, contact information and documentation to be completed. A safeguarding champion had been established.

Discussion with staff confirmed that they were aware of the new regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) and a copy was available for staff within the home. Staff were knowledgeable and had a good understanding of adult safeguarding principles. They were also aware of their obligations in relation to raising concerns about poor practice and whistleblowing. A review of staff training records confirmed that mandatory adult safeguarding training was provided for all staff.

Discussion with the manager, review of accident and incidents notifications, care records and complaints records confirmed that all suspected, alleged or actual incidents of abuse were/would be fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The manager confirmed there were risk management procedures in place relating to the safety of individual residents. Discussion with the manager identified that the home did not accommodate any individuals whose assessed needs could not be met. Review of care records identified that individual care needs assessments and risk assessments were obtained prior to admission.

The manager confirmed there were restrictive practices employed within the home, notably locked doors, lap belts, bed rails and pressure alarm mats. Discussion with the manager regarding such restrictions confirmed these were appropriately assessed, documented, minimised and reviewed with the involvement of the multi-professional team, as required.

Inspection of care records confirmed there was a system of referral to the multi-professional team when required. Behaviour management plans were devised by specialist behaviour management teams from the trust and noted to be regularly updated and reviewed as necessary.

The manager confirmed there were risk management policy and procedures in place in relation to the home. Discussion with the manager and review of the home's policy and procedures relating to safe and healthy working practices confirmed that these were appropriately maintained and reviewed regularly e.g. Control of Substances Hazardous to Health (COSHH), fire safety etc.

The manager confirmed that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of equipment supported this assurance.

Review of the infection prevention and control (IPC) policy and procedure confirmed that this was in line with regional guidelines. Staff training records confirmed that all staff had received training in IPC in line with their roles and responsibilities. Discussion with staff established that they were knowledgeable and had understanding of IPC policies and procedures. Inspection of the premises confirmed that there were wash hand basins, adequate supplies of liquid soap, alcohol hand gels and disposable towels wherever care was delivered. Observation of staff practice identified that staff adhered to IPC procedures.

Good standards of hand hygiene were observed to be promoted within the home among residents, staff and visitors. Notices promoting good hand hygiene were displayed throughout the home in both written and pictorial formats.

The manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with trust policy and procedures, reported to the Public Health Agency, the trust and RQIA with appropriate records retained.

A general inspection of the home was undertaken and the residents' bedrooms were found to be personalised with photographs, memorabilia and personal items. The home was fresh-smelling, clean and appropriately heated. Work was planned to refurbish a communal shower room. The manager had ordered a part for a piece of equipment used in the sensory room. The manager and operations manager confirmed that options were being considered to replace a bath and to re-install a nurse call system.

Inspection of the internal and external environment identified that the home and grounds were kept tidy, safe, suitable for and accessible to residents, staff and visitors. There were no obvious hazards to the health and safety of residents, visitors or staff. Discussion with the registered manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The home had an up to date fire risk assessment in place dated 30 January 2017 and all recommendations were noted to be addressed or actions taken to address.

Review of staff training records confirmed that staff completed fire safety training twice annually. The most recent fire drill had been completed 2 February 2017. Records were retained of staff who participated and any learning outcomes. Fire safety records identified that fire-fighting equipment, fire alarm systems, emergency lighting and means of escape were checked weekly / monthly and were regularly maintained. Individual residents had a completed Personal Emergency Evacuation Plan (PEEPs) in place.

Staff spoken with during the inspection made the following comments:

- "We try to get the same agency (staff) back all the time"
- "I found it (training for managing behaviours which challenge) very, very, good. I'm glad I had it"
- "They are important (staff handovers)"

Ten completed questionnaires were returned to RQIA from residents, residents' representatives and staff. Nine respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied. One respondent described their level of satisfaction as dissatisfied.

Comments received from residents and staff were as follows:

- "Very safe my care is" (Resident)
- "The place is alright for me" (Resident)
- "Food's lovely" (Resident)
- "Respite should be better managed to reduce the number of wheelchairs in the building"(Staff)
- "Staffing levels need to be increased within the unit. Service users' needs too great" (Staff)

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

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| Number of requirements | 0 | Number of recommendations | 0 |
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4.4 Is care effective?

Discussion with the manager established that staff in the home responded appropriately to and met the assessed needs of the residents.

A review of four care records confirmed that these were maintained in line with the legislation and standards. They included an up to date assessment of needs, life history, risk assessments, care plans and daily/regular statement of health and well-being of the resident. Care needs assessment and risk assessments (e.g. manual handling, bedrails, nutrition, falls, where appropriate) were reviewed and updated on a regular basis or as changes occurred.

The care records also reflected the multi-professional input into the residents' health and social care needs and were found to be updated regularly to reflect the changing needs of the individual residents. Residents and/or their representatives were encouraged and enabled to be involved in the assessment, care planning and review process, where appropriate. Care records reviewed were observed to be signed by the resident and/or their representative. Discussion with staff confirmed that a person centred approach underpinned practice. Staff spoke of all their interactions with residents being person centred. A staff member highlighted bus outings because of the positive outcomes for residents.

The manager confirmed that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals.

The manager confirmed that systems were in place to ensure effective communication with residents, their representatives and other key stakeholders. These included pre-admission information, multi-professional team reviews, residents' meetings, staff meetings and staff shift handovers. The manager and staff confirmed that management operated an open door policy in regard to communication within the home.

Residents spoken with and observation of practice evidenced that staff were able to communicate effectively with residents, their representatives and other key stakeholders. Minutes of resident meetings were reviewed during the inspection.

A review of care records, along with accident and incident reports, confirmed that referral to other healthcare professionals was timely and responsive to the needs of the residents. The registered manager confirmed that arrangements were in place, in line with the legislation, to support and advocate for residents.

Ten completed questionnaires were returned to RQIA from residents, residents' representatives and staff. Nine respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied. One respondent described their level of satisfaction with this aspect of care as dissatisfied.

Comments received from residents and staff were as follows:

- “Everything is ok” (Resident)
- “They are very good care in this home” (Resident)
- “Dead on” (Resident)
- “I feel the staff team do their best to meet the needs of the clients utilising all the services available”(Staff)
- “Mix of service users not good with each other same for respite coming in” (Staff)

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

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| Number of requirements | 0 | Number of recommendations | 0 |
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4.5 Is care compassionate?

The manager confirmed that staff in the home promoted a culture and ethos that supported the values of dignity and respect, independence, rights, equality and diversity, choice and consent of residents.

A range of policies and procedures was in place which supported the delivery of compassionate care. Discussion with staff confirmed that residents’ spiritual and cultural needs were met within the home. Discussion with residents, their representatives and staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

Residents were provided with information, in a format that they could understand, which enabled them to make informed decisions regarding their life, care and treatment. Staff, for example, explained that they take the time to verbally explain choices to residents as often as is required.

The manager, staff and residents confirmed that consent was sought in relation to care and treatment. Discussion with residents, two visiting professionals and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff confirmed their awareness of promoting residents’ rights, independence and dignity. Staff were able to demonstrate how residents’ confidentiality was protected. Staff, for example, spoke of the importance of discussing issues regarding residents’ needs in the privacy of the office rather than in a communal area.

The manager and staff confirmed that residents were listened to, valued and communicated with in an appropriate manner. Residents confirmed that their views and opinions were taken into account in all matters affecting them.

Discussion with staff, two visiting professionals and observation of practice confirmed that residents’ needs were recognised and responded to in a prompt and courteous manner by staff.

There were systems in place to ensure that the views and opinions of residents, and or their representatives, were sought and taken into account in all matters affecting them, for example monthly monitoring visits and annual reviews.

Discussion with staff, residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in meaningful activities. Staff, for example, spoke of the range of activities and activity resources the new manager had introduced in recent weeks. Arrangements were in place for residents to maintain links with their friends, families and wider community.

Staff, residents and visiting professionals spoken with during the inspection made the following comments:

- “It’s because I’m in here that I’m back on my feet” (Resident)
- “They are very kind and helpful” (Resident)
- “We make stuff. For Easter we made Easter bunnies” (Resident)
- “My bedroom is nice” (Resident)
- “We are client-centred” (Staff)
- “I’m very proud of the standard of care. The complexities of our clients is high, very important to be tuned in and have a conversation with those clients when working with them.” (Staff)
- “The staff really know the residents so well and they are getting to know the benefit of picking the phone up and asking for help/advice” (Visiting professional)
- “It’s (the home) always spotless” (Visiting professional)

Ten completed questionnaires were returned to RQIA from residents, residents’ representatives and staff. Respondents described their level of satisfaction with this aspect of care as very satisfied or satisfied.

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

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| Number of requirements | 0 | Number of recommendations | 0 |
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4.6 Is the service well led?

The manager outlined the management arrangements and governance systems in place within the home. These were found to be in line with good practice. The needs of residents were met in accordance with the home’s statement of purpose and the categories of care for which the home was registered with RQIA.

A range of policies and procedures was in place to guide and inform staff. Policies were centrally indexed and retained in a manner which was easily accessible by staff. Policies and procedures were systematically reviewed every three years or more frequently as changes occurred.

There was a complaints policy and procedure in place which was in accordance with the legislation and Department of Health (DoH) guidance on complaints handling. Residents and/or their representatives were made aware of how to make a complaint by way of the Resident’s Guide and leaflets. Discussion with staff confirmed that they were knowledgeable about how to receive and deal with complaints.

Review of the complaints records confirmed that arrangements were in place to effectively manage complaints from residents, their representatives or any other interested party. Records of complaints included details of any investigation undertaken, all communication with complainants, the outcome of the complaint and the complainant's level of satisfaction. Arrangements were in place to share information about complaints and compliments with staff. An audit of complaints was used to identify trends and to enhance service provision.

There was an accident/incident/notifiable events policy and procedure in place which included reporting arrangements to RQIA. A review of accidents/incidents/notifiable events confirmed that these were effectively documented and reported to RQIA and other relevant organisations in accordance with the legislation and procedures. A regular audit of accidents and incidents was undertaken and was reviewed as part of the inspection process. Learning from accidents and incidents was disseminated to all relevant parties and action plans developed to improve practice.

There were quality assurance systems in place to drive quality improvement which included regular audits. The manager stated that she would be completing the annual quality review report for 2016/2017.

There was a system to ensure medical device alerts, safety bulletins, serious adverse incident alerts and staffing alerts were appropriately reviewed and actioned.

Discussion with the manager confirmed that information in regard to current best practice guidelines was made available to staff. Staff were provided with mandatory training and additional training opportunities relevant to any specific needs of the residents, for example different feeding systems/methods.

A monthly monitoring visit was undertaken as required under Regulation 29 of The Residential Care Homes Regulations (Northern Ireland) 2005; a report was produced and made available for residents, their representatives, staff, trust representatives and RQIA to read.

Learning from complaints, incidents and feedback was integrated into practice and fed into a cycle of continuous improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability. The manager confirmed that the registered provider's representative was kept informed regarding the day to day running of the home by regular telephone, visits and email.

The manager confirmed that the management and control of operations within the home was in accordance with the regulatory framework. Inspection of the premises confirmed that the RQIA certificate of registration and employer's liability insurance certificate were displayed.

Review of governance arrangements within the home and the evidence provided within the returned RQIA Quality Improvement Plan (QIP) confirmed that the registered provider responds to regulatory matters in a timely manner.

Review of records and discussion with the manager and staff confirmed that any adult safeguarding issues were managed appropriately and that reflective learning had taken place. The registered manager confirmed that there were effective working relationships with internal and external stakeholders.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The manager confirmed that staff could also access line management to raise concerns they will offer support to staff.

Discussion with staff confirmed that there were good working relationships within the home and that management were responsive to suggestions and/or concerns raised.

Staff, a resident and a visiting professional spoken with during the inspection made the following comments:

- “I have great faith in the new manager. She is approachable. I’m happy enough” (Staff)
- “It’s good, exciting (having a new manager). She has come from a very person-centred place, her knowledge and training is behind her and if she doesn’t know, she goes to find out” (Staff)
- “She (the manager) is very friendly, very nice and good” (Resident)
- “She (new manager) brings new ideas and ways of thinking. The manager is an organised person and does things by the book. She is on the ball, listens, takes on board and thinks out of the box” (Visiting professional)

Ten completed questionnaires were returned to RQIA from residents, staff and residents representatives. Respondents described their level of satisfaction with this aspect of the service as very satisfied or satisfied. One resident’s representative indicated that they were unsure who the new manager was. This was shared with the manager.

Comments from staff members were as follows:

- “New manager, positive changes”
- “In the short time the manager has been in post I feel she has made a positive impact”

Areas for improvement

No areas for improvement were identified during the inspection in relation to this domain.

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| Number of requirements | 0 | Number of recommendations | 0 |
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5.0 Quality improvement plan

There were no issues identified during this inspection, and a QIP is neither required, nor included, as part of this inspection report.

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 registered provider from their responsibility for maintaining compliance with the regulations and standards.



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