



The Regulation and  
Quality Improvement  
Authority

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**Unannounced Care Inspection  
of  
80 Malone Road  
  
22 October 2015**

The Regulation and Quality Improvement Authority  
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## 1. Summary of inspection

An unannounced care inspection took place on 22 October 2015 from 09.30 to 13.30. On the day of the inspection the home was found to be delivering safe, effective and compassionate care. An area for improvement was identified and is set out in the Quality Improvement Plan (QIP) appended to this report. This pertains to the development of a policy and procedure in the area of continence management. The standard and theme inspected were met.

This inspection was underpinned by The Residential Care Homes Regulations (Northern Ireland) 2005, the DHSSPS Residential Care Homes Minimum Standards (2011), NICE guidelines on the management of urinary incontinence in women (September 2013), NICE guidelines on the management of faecal incontinence (June 2007) and Guidance and Audit Implementation Network (GAIN) guidelines available for palliative care.

### 1.1 Actions/enforcement taken following the last inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/enforcement resulting from this inspection

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

### 1.3 Inspection outcome

	Requirements	Recommendations
<b>Total number of requirements and recommendations made at this inspection</b>	0	1

The details of the QIP within this report were discussed with Vanessa McGrattan, Manager and by telephone with Anne Campbell, Operations Manager as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service details

<b>Registered Organisation/Registered Person:</b> Belfast Health and Social Care Trust/ Martin Joseph Dillion	<b>Registered Manager:</b> Vanessa McGrattan (Acting)
<b>Person in charge of the home at the time of inspection:</b> Vanessa McGrattan	<b>Date manager registered:</b> October 2015 (Acting)
<b>Categories of care:</b> RC-LD, RC-LD(E)	<b>Number of registered places:</b> 14
<b>Number of residents accommodated on day of inspection:</b> 12	<b>Weekly tariff at time of inspection:</b> £470

## 3. Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standard and theme has been met:

**Standard 14: The death of a resident is respectfully handled as they would wish.**

**Theme: Residents receive individual continence management and support.**

## 4. Methods/process

Prior to inspection we analysed the following records: five returned resident questionnaires and one staff questionnaire which had been issued to the home prior to the inspection; the returned Quality Improvement Plan from the previous care inspection and notifications of accidents and incidents.

During the inspection we met with five residents, greeted other residents in the home, spoke to two care staff, one ancillary staff and the manager. We inspected two care records, complaints and compliment records, policies and procedures relating to the standard and theme inspected, fire safety records, staff training records and the accidents and incidents register. Staff questionnaires and resident questionnaires were distributed during the inspection.

## 5. The inspection

### 5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an announced care inspection dated 16 October 2014. The completed QIP was returned to RQIA and was approved by the care inspector.

### 5.2 Review of requirements and recommendations from the last care inspection

Previous inspection recommendations		Validation of compliance
<b>Recommendation 1</b>  <b>Ref: Standard 11.1</b>	The home participates in review meetings organised by the referring trust responsible for the resident's placement in the home.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Following an inspection of two care records, we confirmed that this recommendation had been addressed.	
<b>Recommendation 2</b>  <b>Ref: Standard 24.2</b>	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).	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Following an inspection of the policy and procedure relating to staff supervision, we confirmed that this recommendation had been addressed.	
<b>Recommendation 3</b>  <b>Ref: Standard 27</b>	The responsible person should ensure that the appropriate actions and risk assessments are completed in order to enable the sensory room to be used.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Following discussion with staff and an inspection of the sensory room, we confirmed that this recommendation had been addressed.	

Previous inspection recommendations		Validation of compliance
<b>Recommendation 4</b>  <b>Ref:</b> Standard 10.1 10.4	The responsible person should ensure that a review of relevant policies and procedures includes that RQIA is notified of each occasion restraint is used and includes the process of referring and engaging the support of a multi-disciplinary team and other professionals in the residents care plan.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Following discussions with staff we confirmed that the physical intervention procedure had been reviewed as recommended.	
<b>Recommendation 5</b>  <b>Ref:</b> Standard 5	The responsible person should ensure that each resident has an up to date assessment of their needs which is compliant with Standards 5 of the DHSS Residential Care Homes Minimum Standards (updated 2001)	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Following an inspection of two care records, we confirmed that this recommendation had been addressed.	
<b>Recommendation 6</b>  <b>Ref:</b> Standard 10.1; 10.3	The responsible person should ensure that care plans are improved to state how behaviours' present and the agreed staff should make.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Following an inspection of two care records, we confirmed that this recommendation had been addressed.	

Previous inspection recommendations		Validation of compliance
<b>Recommendation 7</b> Ref: Standard 10.1	The responsible person should ensure that staff receives training in behaviours which challenge.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The manager confirmed to us that in January 2016, the trust behavioural team are scheduled to assess training needs and provide staff in the home with relevant training in behaviours which challenge. We confirmed this recommendation was met.	
<b>Recommendation 8</b> Ref: Standard 20.15	All accidents, incidents, communicable diseases, deaths and events occurring in the home which adversely affect the wellbeing or safety of any resident are reported promptly to the RQIA and other relevant organisations in accordance with legislation and procedures. A record is maintained of all incidents. <ul style="list-style-type: none"> <li>• Resident to resident incidents should be notified to RQIA.</li> </ul>	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Following an inspection of a selection of accident and incident records, we confirmed that this recommendation had been addressed.	
<b>Recommendation 9</b> Ref: Standard 10.7	The registered person should ensure that all types of restrictive practices which may be used in the statement of purpose with consideration of the Human Rights Act (1998)	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Following an inspection of the Statement of Purpose, we confirmed that this recommendation had been addressed.	

Previous inspection recommendations		Validation of compliance
<b>Recommendation 10</b> Ref: Standard 13.1	The responsible person should develop a policy and procedure on the provision of activities and events.	Met
	<b>Action taken as confirmed during the inspection:</b> Following an inspection of the policy pertaining to activity provision, we confirmed that this recommendation had been addressed.	
<b>Recommendation 11</b> Ref: Standard 13.4; 13.2; 13.6	The programme of activities is displayed in a suitable format and in an appropriate location so that residents and their representatives know what is scheduled.	Met
	<b>Action taken as confirmed during the inspection:</b> Following an inspection of the home environment, we confirmed that this recommendation had been addressed.	
<b>Recommendation 12</b> Ref: Standard 13.5	The responsible person should review and improve the range of resources for use by residents and respite users rather than relying on residents own resources.	Met
	<b>Action taken as confirmed during the inspection:</b> Following an inspection of resources available and discussion with staff, we confirmed that this recommendation had been addressed.	
<b>Recommendation 13</b> Ref: Standard 13.9 13.6	The responsible person should record the duration of the activities, the names of all residents participating/observing and the member of staff leading the activity.	Met
	<b>Action taken as confirmed during the inspection:</b> Following an inspection of a selection of activity records, we confirmed that this recommendation had been addressed.	

## Areas for improvement

There were no areas of improvement identified.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	0
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### 5.3 Standard 14: The death of a resident is respectfully handled as they would wish

Staff confirmed to us that residents can spend their final days in the home unless there are documented health care needs to prevent this.

We reviewed two residents' care records and could confirm that care need assessments, risk assessments and care plans were in place and were kept under continual review. Documentation was amended as changes occurred to residents' medical conditions. The records were kept up to date to accurately reflect at all times the needs and preferences of the resident. The need assessments and care plans were not fully signed. The manager confirmed to us that residents were unable to sign and assured us that this would be recorded on the records without delay.

Care plans contained details of the residents' or their relatives wishes regarding any specific arrangements at the time of his or her death. Care records contained the spiritual and cultural wishes of the residents. Where there had been discussion with the General Practitioner relating to medical interventions, this was contained within the care records.

#### Is care effective? (Quality of management)

The home had a draft procedure in place in respect of the dying and death of a resident. The home did not have a copy of current best practice guidance. The manager assured us that this guidance would be obtained and made available to staff without delay. In our discussion with staff and the manager we confirmed that staff members had received training in the area inspected. Further training was also scheduled to take place in October 2015.

In our discussions with staff they confirmed that they would be able to recognise the possibility that a resident may die within the next few days or hours. Staff members were knowledgeable about obtaining multi-professional community supports (GP, District Nursing, Occupational Therapy, Speech and Language Therapy, Dietician etc). Notification of a death is made to all relevant parties in a timely manner.

Staff confirmed to us that there was a supportive ethos within the management of the home in helping residents, relatives and staff deal with dying and death.

#### Is care compassionate? (Quality of care)

Staff members we interviewed indicated that they felt prepared and able to deliver care in a compassionate and sensitive manner.

A staff member described to us how the staff team had worked closely with the GP, palliative care team and district nurses to provide end of life care to a resident who had died within the home. The staff member advised us that the family had been able to spend time with the resident before the death occurred and were supported after the death.

Staff also described how other residents had been informed of the death in a sensitive manner. Staff related to us how additional measures had been put in place at the end of life including the purchase of CDs enjoyed by the resident and the use of multi-sensory lights in the residents' bedroom. Staff were able to articulate the values that underpin care within the home as they related to dying and death of a resident. This was commended.

In our discussions with the manager she confirmed that arrangements can be made to provide spiritual care for residents who are dying, if they so wish. Family members, friends, other residents and staff who may wish to offer comfort for a resident who is dying are enabled to do so, if the resident wishes. Following a death, the body of the deceased resident is handled with care and respect and in accordance with his or her expressed social, cultural and religious preferences. The manager confirmed to us that the deceased resident's belongings are handled with care and their representative is consulted and provided with assistance with the removal of the belongings.

### Areas for improvement

There were no areas of improvement identified. This standard was met.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	0
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## 5.4 Theme: Residents receive individual continence management and support

Staff members confirmed to us that they had received training in continence management during induction. The staff members we interviewed were able to demonstrate knowledge and understanding of continence care.

Following an inspection of residents' care records we confirmed that a person centred assessment and care plan was in place relating to continence. Staff members were able to describe to us the system of referral to community District Nursing services for specialist continence assessment. Care plans were amended as changes occurred to residents' continence needs. Care records were kept up to date to accurately reflect at all times the needs and preferences of the resident in relation to continence management.

Through our inspection of the premises and discussion with the manager we could confirm that there was adequate provision of continence products. Staff confirmed to us that they had unrestricted access to a plentiful supply of laundered bed-linen, towels, gloves and aprons. There were adequate numbers of hand washing dispensers present throughout the home. Staff members were aware of the process for safe disposal of used continence items in line with infection control guidance.

### Is care effective? (Quality of management)

The home did not have a policy and procedure relating to continence management and promotion. We have made a recommendation in this regard.

In our discussions with staff and through a review of the care records we confirmed that continence needs were documented and no residents had reduced skin integrity associated with poor continence management. Staff were knowledgeable about where guidance and advice could be sought from the community specialist nurse, when or if required. There were no malodours observed during inspection of the premises.

## Is care compassionate? (Quality of care)

In our observations of staff and resident interactions, we confirmed that residents were treated with care, dignity and respect. In our discussion with residents they related that staff members provide assistance in a sensitive and caring manner.

In our discussion with staff it was evident that they recognised the potential loss of dignity associated with incontinence. Staff members were able to describe how care is delivered in a compassionate manner and to articulate those values that underpin care within the home as they related to continence management and support.

### Areas for improvement

One area of improvement was identified. This is in regard to development of a policy and procedure pertaining to the area of continence management. The theme was met.

<b>Number of requirements:</b>	0	<b>Number of recommendations:</b>	1
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## 5.5 Additional areas examined

### 5.5.1 Residents' views/questionnaires

We met with five residents in the home on the day of inspection. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of care. Three resident questionnaires returned to us indicated satisfaction in all areas.

Some comments included:

- "I like 80 Malone Road."
- "The staff are very nice and very helpful."

### 5.5.2 Staff views/questionnaires

We spoke with two staff members who spoke positively about their role and duties, staff morale, teamwork and managerial support. Staff indicated that they felt well supported by training and are given the necessary resources to fulfil their duties. One staff questionnaire which indicated satisfaction in all areas was returned to us within the required timescale.

Some comments included:

- "The staff are second to none when it comes to caring for the residents and they are very kind to relatives and to residents' friends."
- "We had training from the palliative care nurse twice. It was very helpful and supportive."
- "The family gifted the home a beautiful picture. They had a very strong relationship with the staff here and they would have viewed staff as (the residents) extended family."
- "80 Malone is a lovely home, we have a diverse client group, it is settled and relaxed, staff are very warm and provide a lot of stimulation and activities for clients. It is about being creative and flexible."

### **5.5.3 Residents representatives views**

Whilst there were no residents representatives spoken to during the inspection, two residents' representatives completed the resident questionnaire on behalf of their family member. They indicated satisfaction in all areas.

A comment included:

- "As parents of a resident we are very happy and confident about the staff in 80 Malone Road and are glad our (relative) is so well cared for."

### **5.5.4 Environment**

The home was found to be clean and tidy. Décor and furnishings were of a good standard. We were informed that a washing machine was out of order. The manager confirmed to us that a request had been made for a replacement. The manager confirmed that, as a temporary measure, excess laundry would be laundered outside the home.

### **5.5.5 Complaints/compliments**

Following an inspection of complaints records, we confirmed that these had been managed appropriately.

### **5.5.6 Management arrangements**

The registered manager retired at the end of October 2015. Whilst the trust undertakes a recruitment process to appoint a registered manager, Mrs Vanessa McGrattan is the acting manager. Anne Campbell, Operations Manager provided assurances that RQIA will be kept informed of the progress made to appoint a registered manager.

### **5.5.7 Care practices**

In our observations of care practices we confirmed that residents were being treated with dignity and respect. Care duties were conducted at an unhurried pace with time afforded to interactions with residents in a polite, friendly and supportive manner.

### **5.5.8 Fire safety**

The home had a current fire safety risk assessment. The manager confirmed to us that action taken to address recommendations made would be recorded. An inspection of fire safety records initially revealed some gaps in fire safety checks.

Following discussion with the manager and staff we confirmed that staff were not recording fire safety checks on the same record templates. Following the inspection, the manager confirmed to us that the records had been updated and additional training had been provided for staff responsible for fire safety checks.

We inspected staff training records and confirmed that staff members had received fire training twice yearly. The laundry door was observed to be wedged open. The manager confirmed to us that a hold-open device had been requested and was due to be fitted without delay.

## Areas for improvement

There were no areas of improvement identified with these additional areas examined.

<b>Number of requirements</b>	<b>0</b>	<b>Number of recommendations:</b>	<b>0</b>
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## 6. Quality Improvement Plan

The issue identified during this inspection is detailed in the QIP. Details of this QIP were discussed with Vanessa McGrattan, Manager as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained 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 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.

### 6.1 Statutory Requirements

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005.

### 6.2 Recommendations

This section outlines the recommended actions based on research, recognised sources and the DHSSPS Residential Care Homes Minimum Standards (2011). They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

### 6.3 Actions taken by the Registered Manager/Registered Person

The QIP should be completed by the registered person/registered manager and detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed. Once fully completed, the QIP will be returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

## Quality Improvement Plan

### Recommendations

<p><b>Recommendation 1</b></p> <p><b>Ref:</b> Standard 21.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 1 February 2016</p>	<p>The registered person should ensure that a policy and procedure is developed in the area of continence management which reflects current best practice guidance.</p>
	<p><b>Response by Registered Person(s) detailing the actions taken:</b> The BHSCT Policy on Continence Management is due for review. This is a Trust Policy and outside the control of 80 Malone Road. The need for review of the policy has been highlighted to Trust Policy Group for action. It is anticipated this review will be undertaken by 1<sup>st</sup> February 2016</p>

<b>Registered Manager completing QIP</b>	Vanessa Grattan	<b>Date completed</b>	19/11/2015
<b>Registered Person approving QIP</b>	Martin Dillon	<b>Date approved</b>	27/11/15
<b>RQIA Inspector assessing response</b>	K. Connor	<b>Date approved</b>	1/12/15

*\*Please ensure the QIP is completed in full and returned to [care.team@rqia.org.uk](mailto:care.team@rqia.org.uk) from the authorised email address\**