



The Regulation and  
Quality Improvement  
Authority

# Inspection Report

23 August 2021



## 80 Malone Road

Type of service: Residential Care Home

Address: 80 Malone Road,

Belfast, BT9 5BU

Telephone number: 029 9504 0370

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation/Registered Provider:</b> Belfast HSC Trust	<b>Registered Manager:</b> Miss Fiona Campbell
<b>Responsible Individual:</b> Dr Catherine Jack Registration pending	<b>Date registered:</b> 23 April 2018
<b>Person in charge at the time of inspection:</b> Mrs Marion Molloy Deputy Manager	<b>Number of registered places:</b> 12
<b>Categories of care:</b> Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 8
<b>Brief description of the accommodation/how the service operates:</b> This home is a registered Residential Care Home which provides health and social care for up to 12 residents. Residents have access to communal lounges, a dining room and an enclosed garden area. Residents' bedrooms are located over two floors in the home.	

## 2.0 Inspection summary

An unannounced inspection took place on 23 August 2021 from 9.35 am to 4.00 pm. The inspection was undertaken by a 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.

Residents said that they liked living in the home. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. It was evident that staff were knowledgeable and well trained to deliver safe and effective care to the residents. It was observed that staff treated residents with kindness and compassion.

Areas requiring improvement were identified regarding the care record audits and the recording of complaints.

RQIA were assured that the delivery of care and service provided in 80 Malone Road was safe, effective, compassionate and that the home was well led.

Addressing the areas for improvement identified will further enhance the quality of care and services for the residents.

The findings of this report will provide the management team with the necessary information to improve staff practice and the residents' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

Throughout the inspection RQIA will seek to speak with residents, their relatives or visitors and staff for their opinion on the quality of the care and their experience of living, visiting or working in this home.

Questionnaires and 'Tell Us' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with their views of the home. A poster was provided for staff detailing how they could complete an on-line questionnaire.

The daily life within the home and how staff went about their work was observed.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with Marion Molloy, Deputy Manager, and, Anne Campbell, Operations Manager, at the conclusion of the inspection.

### **4.0 What people told us about the service**

During the inspection we spoke with eight residents and seven staff.

Residents who were able to voice their opinions said that they were well looked after by the staff who were helpful and friendly.

Staff said that they felt well supported by the management team and enjoyed working in the home.

Following the inspection we received four completed questionnaires from residents in the home. The residents told us that they felt safe, the staff were kind and the care was good. Residents also commented positively about the food, always having clean clothes and being able to go out on the new bus.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

Areas for improvement from the last inspection on 10 December 2020		
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 27 (4) (e) <b>Stated:</b> First time	<p>The registered person shall ensure that all staff receive suitable training from a competent person in fire prevention and are also able to avail of online fire safety training in order to meet mandatory training requirements in this area.</p>	Met
	<p><b>Action taken as confirmed during the inspection:</b>            Review of staff training records and discussion with the manager confirmed that staff had been provided with fire prevention training in both an online format and face to face from a competent person.</p>	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2021)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 25.3 <b>Stated:</b> First time	<p>The registered person shall ensure that all senior care staff, who take charge in the home in the absence of the manager, undertake an annual competency assessment in order to ensure that there is a competent and capable person in charge of the home at all times.</p>	Met
	<p><b>Action taken as confirmed during the inspection:</b>            Following the inspection the manager provided evidence that senior care staff who take charge in the home had undertaken an annual competency assessment in 2021.</p>	
<b>Area for improvement 2</b>	<p>The registered person shall ensure that care plans are kept up to date and that when evaluations are due, or are undertaken in the event of any changes, that staff sign and date the care plan to record that the evaluation has taken place.</p>	Met

	<b>Action taken as confirmed during the inspection:</b> Review of a sample of care records evidenced that care plans were kept up to date; there was clear evidence of evaluations which had been signed and dated by staff.	
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## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

The manager said that there was a robust system in place to ensure staff were recruited correctly to protect the residents. Review of records provided assurances that all relevant staff were registered with the Northern Ireland Social Care Council (NISCC) and that these registrations were effectively monitored on a monthly basis. Staff confirmed that they had received an induction on the commencement of their employment.

Staff said that staffing levels were generally satisfactory and shifts were covered with bank or agency staff if necessary. The manager said that recruitment was ongoing for new staff and that the home's own staff were very good at helping out to cover shifts if required. Staff said that teamwork was good and that they felt well supported in their role by the management team who were very approachable.

The majority of staff were satisfied with the level of communication between staff and management. The manager said that a communication book has been introduced to ensure that staff returning from leave or days off are able to catch up on any changes or developments in the home or with the residents. This is in addition to a handover at the start of each shift.

A staff member said that tasks were not always delegated to a resident's own keyworker. This was discussed with the manager who acknowledged that, on occasions, it might be necessary to delegate responsibility of a task to someone other than the resident's keyworker but efforts were made to avoid this circumstance and also to ensure that the keyworker was kept fully updated. Staff said that they were keen to take on more responsibilities commensurate with their role, some felt that their skills and experience were not fully utilised at times; this was also brought to the attention of the manager for information and action if required.

There were systems in place to ensure staff were trained and supported to do their job. Staff said that they felt adequately trained to carry out their roles and responsibilities within the home. An overview of staff compliance with mandatory training was maintained and staff were reminded when training was due. Review of records showed that training comprised of a range of relevant topics with the majority of courses provided for on an on-line platform.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota identified the person in charge when the manager was not on duty. The manager told us that the number of staff on duty was reviewed weekly to ensure the needs of the residents were met. It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way.

Residents said that there were enough staff to help them and they were well looked after.

Staff said that they enjoyed working in the home and “everyone pulls together and we keep up to date”.

### **5.2.2 Care Delivery and Record Keeping**

Staff received a handover at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable about residents' needs, preferred daily routines and likes and dislikes.

Staff were seen to be very responsive to the residents and to anticipate their needs when required. Staff displayed their knowledge of individual resident's needs and how they recognised these for residents who were less able to communicate, for example, through non-verbal cues such as gestures, sounds or movements. Staff were skilled in communicating with the residents and were observed to be respectful, understanding and sensitive to residents' needs. Staff sought residents' consent before providing discreet assistance with personal care.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs. These included any advice or directions by other healthcare professionals. Residents' care records were held confidentially.

Where a resident was at risk of falling measures to reduce this risk were put in place, for example, equipment such as bed rails were in use where required. Those residents who were at risk from falls had care plans in place.

Records confirmed that in the event of a fall the home's post falls protocol was followed and there was evidence that staff took appropriate action, such as, referral for medical assessment, physiotherapy, or to the Trust falls prevention team. A monthly falls analysis is carried out to establish if there are any patterns or trends and to determine if there are other measures that can be put in place to reduce the risk of falls.

Residents who are less able to mobilise were assisted by staff to mobilise or change their position regularly. Care records accurately reflected the residents' needs in this area. Where a pressure relieving mattress or cushion was required this was clearly recorded.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. It was observed that residents required a range of support with meals from simple encouragement through to full assistance from staff. Staff told us how they were made aware of residents' nutritional needs to ensure they were provided with the right consistency of diet.

The recommendations of the Dietician and the Speech and Language Therapist (SALT) were clearly recorded in the care records reviewed and staff displayed their knowledge of individual resident's dietary requirements. There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. Records were kept of what residents had to eat and drink daily.

The dining experience was an opportunity for residents to socialise and the atmosphere was calm, relaxed and unhurried. The menu was on display in a suitable pictorial format. It was observed that residents were enjoying their meal and their dining experience.

Staff had made an effort to ensure residents were comfortable and had a pleasant experience. Staff offered the residents a choice of meals and drinks and said that efforts were made to accommodate alternative choices to the menu on offer. Residents said that they enjoyed their meals and looked forward to lunch time.

Care records were well maintained and regularly reviewed and updated to ensure they continued to meet the residents' needs. There was evidence of care record audits being undertaken but these were not consistently signed dated or updated to reflect that identified actions had been completed; an area for improvement was identified.

Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate. Residents' individual likes and preferences were reflected throughout the records, for example, preferences for bed time routine, food likes and dislikes and spiritual needs. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them. Informative daily records were kept of how each resident spent their day and the care and support provided by staff.

In the care records reviewed there was evidence of an annual review of the resident's care, arranged by their care manager or Trust representative.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Observation of the environment evidenced that the home were clean, tidy and well maintained. Corridors and fire exits were clear of clutter and obstruction. The manager confirmed that fire safety training and drills were maintained on an up-to-date basis as were fire safety checks of the environment. It was observed that new vanity units had been fitted in residents' bedrooms and some redecoration was still required; the manager confirmed that redecoration was planned throughout the home.

Residents' bedrooms were attractively decorated and each had a different theme depending on the likes and tastes of the individual resident. Bedrooms were personalised with items that were important to the resident, such as, family photographs, cuddly toys, CD players, books and pictures. A resident said that their room was kept clean and tidy and a lady did their laundry.

It was observed that the sink area in the sluice was clean but cluttered; this was brought to the attention of the manager. Following the inspection the manager confirmed that the sluice had been tidied and storage arrangements for equipment such as basins and urinals had been reviewed.

There was evidence that systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. The home participated in the regional testing arrangements for residents and staff.

Review of records, observation of practice and discussion with staff confirmed that effective training on infection prevention and control (IPC) measures and the use of personal protective equipment (PPE) had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Visiting arrangements were managed in line with Department of Health (DoH) and infection prevention and control (IPC) guidance. The manager said the visiting risk assessment was under review; following the inspection RQIA were provided with a copy of the updated visiting risk assessment.

#### **5.2.4 Quality of Life for Residents**

Discussion with residents and staff and observation of the daily routine confirmed that residents were given a choice of how to spend their day. On the day of the inspection some residents went out to an art class, they were accompanied by staff who told us that this was a weekly class which the residents really enjoyed.

Staff gave residents a choice regarding whereabouts in the home they wanted to spend their time. Staff assisted residents to their bedrooms, the lounges or the dining room as required. Staff explained to residents when it was time for meals and offered them regular snacks and drinks. Residents were discreetly assisted with their personal care needs and staff were seen to be respectful of their privacy and dignity. The residents were all nicely dressed; staff said that “we really make an effort to make sure outfits match and co-ordinate”.

As the residents are currently unable to go out to day centres due to the ongoing COVID-19 restrictions an activity room has been developed in the home. Staff explained that it was important for residents to have access to a suitable area where they could continue to pursue their hobbies and interests, for example, arts and crafts, board games, and small group activities. The activity room was light, bright and well equipped and residents’ art works were on display.

It was observed that staff asked residents what they would like to do and gave them options such as watering the sunflowers. Residents had decorated plant pots in their art class and these were on display in the dining room.

A record of activities provided and the residents’ participation was maintained, recent planned activities had included an art class, going out for a drive, going out for a walk, table top games, hand massage and foot spas. Residents also have access to a pleasant, enclosed garden area.

Staff provided residents with encouragement and support in their daily living needs. One resident needed some assistance when walking; staff were seen to provide the required assistance and advice. Staff explained the options and choices available to residents in a clear and appropriate manner.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was disrupted due to the COVID-19 pandemic.

Staff assisted residents to make phone or video calls. Visiting arrangements were in place following the current DoH guidance. The manager said that relatives had been provided with information about the Care Partner role and this would be facilitated if any relatives expressed an interest in the initiative.

The atmosphere throughout the home was friendly, calm and welcoming. Residents looked settled and content in their interactions with staff.

Staff said that “it is important to treat the residents like individuals and adults; we get to know them really well”. Staff also said that “the residents’ needs come first and foremost”, it was obvious that the ethos of the home was to ensure that residents enjoyed a good quality of life.

### 5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Miss Fiona Campbell has been the Registered Manager in this home since 23 April 2018. Staff were aware of who the person in charge of the home was, their own role in the home and how to raise any concerns or worries about residents, care practices or the environment. Staff said that they would have no hesitation in reporting a concern to the manager or person in charge.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. There was evidence of auditing across various aspects of care and services provided by the home.

Each service is required to have a person, known as the adult safeguarding champion, who has responsibility for implementing the regional protocol and the home’s safeguarding policy. The manager was identified as the appointed safeguarding champion for the home. It was established that systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

The manager said that the outcome of complaints was used as a learning opportunity to improve practices and/or the quality of services provided by the home. However, review of the system in place to manage complaints evidenced that the records of complaints did not include all the required details; an area for improvement was made.

There was a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents’ next of kin, their care manager and to RQIA. A monthly analysis of accidents/incidents was carried out to establish if there were any trends or patterns in order to help prevent a recurrence.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; action plans for improvement were put in place if required and the manager confirmed that these were followed up to ensure that the actions were correctly addressed.

Staff said that the management team were approachable and that they felt well supported in their role.

### 6.0 Conclusion

Residents in the home looked well cared for, comfortable content and settled. Staff treated the residents with kindness and compassion and offered them choices throughout the day.

The home was clean, tidy and well maintained.

Staff said that they enjoy working in the home and feel well trained to carry out their roles effectively.

Based on the inspection findings and discussions held two areas for improvement were identified regarding care record audits and the recording of complaints.

RQIA are satisfied that this service is providing care in a safe, effective and compassionate manner and that the service is well led.

## 7.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes' Minimum Standards (August 2021)

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	0	2

Areas for improvement and details of the Quality Improvement Plan were discussed with Marion Molloy, Deputy Manager, and Anne Campbell, Operations Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2021)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 20.10  <b>Stated:</b> First time  <b>To be completed by:</b> From the date of the inspection onwards	The registered person shall ensure that care record audits are signed and dated. The action plans should also be completed to evidence that identified actions have been undertaken.  Ref: 5.2.2

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 17.10</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> From the date of the inspection onwards</p>	<p>The registered person shall ensure that the records of any complaints received includes details of all communications with complainants, the result of any investigations and the actions taken including if the complainant is satisfied with the outcome.</p> <p>Ref:5.2.5</p>
	<p><b>Response by registered person detailing the actions taken:</b> The registered person has reviewed the Complaints file and updated it so that the record can accommodate details of all communications with complainants, the result of any investigations and the actions taken including if the complainant is satisfied with the outcome.</p>

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



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