

# Unannounced Care Inspection Report 26 October 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.rqia.org.uk](http://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.

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home with 14 places that provides care and support to residents over the age of 18 years who have a learning disability.

### 3.0 Service details

|   |  |
|---|--|
| <b>Organisation/Registered Provider:</b><br>Belfast HSC Trust<br><br><b>Responsible Individual:</b><br>Mr Martin Dillon         | <b>Registered Manager:</b><br>Miss Fiona Campbell  |
| <b>Person in charge at the time of inspection:</b><br>Fiona Campbell  | <b>Date manager registered</b><br>Fiona Campbell - Application received – registration pending |
| <b>Categories of care:</b><br>Residential Care (RC)<br>LD - Learning Disability<br>LD (E) – Learning disability – over 65 years | <b>Number of registered places:</b><br>14  |

### 4.0 Inspection summary

An unannounced care inspection took place on 26 October 2017 from 09:00 to 15:05.

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 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 fire drills, communication between residents, staff and other key stakeholders, management of incidents and quality improvement.

Areas requiring improvement were identified in regard to competency and capability assessments, the adult safeguarding policy and procedure, staff handover records, diabetic management care plans and completion of an annual quality evaluation report.

Residents said that they liked living in the home, they enjoyed the activities and the food and that staff were kind and caring.

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

### 4.1 Inspection outcome

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 1           | 4         |

Details of the Quality Improvement Plan (QIP) 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.

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

No further actions were required to be taken following the most recent inspection on 18 May 2017.

## 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, the registration status of the manager, notifiable events and written and verbal communication received since the previous care inspection.

During the inspection the inspector met with two residents and greeted and observed other residents throughout the day. The inspector met with the manager, the operations manager, one ancillary staff and three care staff.

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

The following records were examined during the inspection:

- Supervision records for two staff
- Staff training schedule/records
- Three residents' care records
- Minutes of a recent staff meeting
- Complaints and compliments records
- A range of audits undertaken
- Equipment maintenance/cleaning records
- Accident/incident/notifiable events register
- Monthly monitoring reports
- Fire drill records

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 18 May 2017

The most recent inspection of the home was an unannounced care inspection.

### 6.2 Review of areas for improvement from the last care inspection dated 18 May 2017

There were no areas for improvement made as a result of the last care inspection.

## 6.3 Inspection findings

### 6.4 Is care safe?

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

The manager advised of the staffing levels for the home and that these were subject to regular review to ensure the assessed needs of the residents were met. A three month temporary position for a deputy manager had been filled and a start date had been confirmed for 1 November 2017. Whilst no concerns were raised regarding staffing levels during discussion with residents and staff, the issue of vacant posts and use of agency staff was raised. This was discussed with the manager and operations manager who confirmed that when staff were off on long-term leave, bank staff were block booked to ensure consistency of care for residents. In addition, where permanent positions could be filled, a recruitment process was undertaken. This will be followed up at the next care inspection.

Discussion with staff, review of returned staff views questionnaires and inspection of two staff personnel records confirmed that mandatory training, supervision of staff was regularly provided. A schedule for mandatory training and staff supervision was maintained and was reviewed during the inspection. Discussion with the manager revealed that gaps in staff training had been identified and action had been taken to address these; a matrix was used to schedule training in good time and to prevent gaps occurring. The manager reported that she had completed training in the delivery of annual appraisal and that all staff would have an annual appraisal completed by the end of January 2018.

Discussion with the manager and operations manager confirmed that competency and capability assessments had not been undertaken. An area for improvement was identified and action is required to comply with the regulations to ensure that a competency and capability assessment is completed for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager.

Discussion with the manager confirmed that no staff had been recruited since the previous inspection.

Arrangements were in place to monitor the registration status of staff with their professional body. Care staff stated that they were registered with the Northern Ireland Social Care Council (NISCC). The manager reported that she had checked all staff registration details against the NISCC register and continues to periodically repeat these checks.

Discussion with staff confirmed that they were aware of the regional guidance (Adult Safeguarding Prevention and Protection in Partnership, July 2015) along with the new procedures 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. The trust's adult safeguarding policy and procedure had not been updated. An area for improvement was identified and action is required to update the policy and procedure to reflect the new operational procedures and comply with the standards. Following the inspection a local protocol regarding adult safeguarding was forwarded to the inspector.

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 fully and promptly referred to the relevant persons and agencies for investigation in accordance with procedures and legislation; written records were retained.

The manager advised there were risk management procedures in place relating to the safety of individual residents. Discussion with the manager identified that when risks were identified pertaining to individual residents, actions were taken to manage these risks whilst discharge planning took place. The home did not accommodate any individuals whose assessed needs could not be met.

The manager advised there were restrictive practices employed within the home, notably locked doors, wheelchair lap belts, bedrails 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.

The manager advised that equipment and medical devices in use in the home were well maintained and regularly serviced. Observation of equipment and records of maintenance and cleaning records of individual equipment and aids supplied were up to date. Discussion with the manager revealed that improvements had been made to the mattress audit process and that this process had been extended to include the bedframe.

Discussion with staff established that they were knowledgeable and had understanding of infection prevention and control (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.

The manager reported that there had been no outbreaks of infection within the last year. Any outbreak would be managed in accordance with the home's 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.

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 manager confirmed that risk assessments and action plans were in place to reduce risk where possible.

The most recent fire drill had been completed 25 October 2017. Records were retained of staff who participated and any learning outcomes. Discussion with the manager revealed that she had promptly followed up a number of identified queries which were addressed on the day of the inspection.

Staff spoken with during the inspection made the following comments:

- “We do all mandatory training, we had fire safety two weeks ago.”
- “We have new training dates for next year, we know about the new regional procedures.”
- “All the equipment was PAT tested two weeks ago.”

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

**Areas of good practice**

There were examples of good practice found throughout the inspection in relation to supervision, fire drills and the environment.

**Areas for improvement**

Two areas for improvement were identified in regard to the completion of competency and capability assessments and to update the trusts adult safeguarding policy and procedure.

|  | <b>Regulations</b> | <b>Standards</b> |
|--|--------------------|------------------|
| <b>Total number of areas for improvement</b> | 1                  | 1                |

**6.5 Is care effective?**

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

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

A review of three care records confirmed that these were largely 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. Whilst a diagnosis of diabetes was referred to in the care plan of one care record, a diabetes management care plan had not been developed. The inspector advised the manager of the



Public Health Agency (PHA) Best Practice Guidance, Management of Diabetes in Nursing and Residential Homes, February 2017. 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.

The manager reported that there were arrangements in place to monitor, audit and review the effectiveness and quality of care delivered to residents at appropriate intervals. Audits of accidents and incidents, mattress and beds, kitchen records and hygiene and staff training were available for inspection and evidenced that any actions identified for improvement were incorporated into practice. The manager advised that audits of care records would be commencing the following week.

The manager advised 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. Whilst a diary and communication book was in use, there were no shift handover records. An area for improvement was identified and action is required to comply with the standards to develop shift handover records. The manager and staff advised 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. The manager advised that she is currently reviewing the methodologies used regarding consulting with residents who have non-verbal communication needs.

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.

One staff made the following comment:

- "Nobody is left out of the loop, a good circle of information goes round."

Three completed questionnaires were returned to RQIA from residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

### **Areas of good practice**

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

### **Areas for improvement**

One area for improvement was identified in regard to staff handover records.



|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 1         |

### 6.6 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.**

The manager reported 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. The home's catering is provided via a cooked chilled meals service and staff order meals off a set menu of options. Staff stated that although they make every effort to ensure variety and choice for residents, the choice is limited for residents who are on a soft diet or a mashed diet due to the restricted options available on the menu. This was discussed with the manager and the operations manager who gave assurances that options would be explored to address this matter. This will be followed up at the next care inspection.

Discussion with staff confirmed that residents' spiritual and cultural needs were met within the home. Discussion with staff confirmed that action was taken to manage any pain and discomfort in a timely and appropriate manner.

The manager advised that consent was sought in relation to care and treatment. Discussion with residents and staff along with observation of care practice and social interactions demonstrated that residents were treated with dignity and respect. Staff were aware of promoting residents' rights, independence and dignity.

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

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

The views and opinions of residents and their representatives had not been sought formally in the last year. An area for improvement was identified and action is required to ensure that an annual consultation takes place and an evaluation report is completed which is made available for residents and other interested parties to read.

Discussion with staff and residents, observation of practice and review of care records confirmed that residents were enabled and supported to engage and participate in a range of meaningful activities both on an individual and group basis. Staff, for example, took residents out for walks, to visit local places of interest and to go shopping and a range of art and craft resources was available in the home. It was good to note that an art table was available in an area of the dining room to encourage residents to avail of this activity independently.

Arrangements were in place for residents to maintain links with their friends, families and wider community. The manager, staff and residents had been involved in planning a celebratory party on 11 November 2017 to mark 30 years of the opening of the home and a range of friends, family members and professionals had been invited to attend.

Staff and one resident spoken with during the inspection made the following comments:

- “I’m going to college this morning to do cookery.” (resident)
- “Sometimes I go down to my room and listen to music.” (resident)
- “It’s (food) nice. I’d two yogurts and a cup of tea (for breakfast).” (resident)
- “I like the job, everybody tries their best.” (staff)
- “Some (residents) like peace and quiet, listening to music, out in the fresh air. Some like games, keyboard, toys or some like arts and crafts. I was making planes last week, some love a game of pool.” (staff)

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

**Areas of good practice**

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.

**Areas for improvement**

One area for improvement was identified in regard to carrying out an annual consultation with residents and their representatives regarding the quality of care and environment and collating the findings into an evaluation report.

|  | Regulations | Standards |
|--|-------------|-----------|
| <b>Total number of areas for improvement</b> | 0           | 1         |

**6.7 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**

The manager outlined the management arrangements and governance systems in place within the home. 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.

Residents and/or their representatives were made aware of how to make a complaint by way of the Residents Guide and information on display in the home. Discussion with staff established that they were knowledgeable about how to receive and deal with complaints. Review of the complaints records identified that there had been no complaints since the last care inspection.

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 continuous quality improvement which included regular audits and monthly monitoring visits. The manager advised that an annual quality review report would be completed by the end of March 2018. This will be followed up at the next care inspection. Following the inspection, an annual quality review report for 2016 was forwarded to the inspector.

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. Training for some staff, for example, had been arranged in regard to the safe handling of residents' money, end of life advanced care planning and dementia awareness.

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 a variety of sources and feedback was integrated into practice and fed into a cycle of continuous quality improvement.

There was a clear organisational structure and all staff were aware of their roles, responsibility and accountability.

The manager reported 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 was displayed.

The home had a whistleblowing policy and procedure in place and discussion with staff established that they were knowledgeable regarding this. The manager reported that staff could also access line management to raise concerns and that management would 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 and residents spoken with during the inspection made the following comments:

- "She's (the manager) really nice."
- "She's really good and what I like about her (the manager) is that she'll come back to you."  
(staff)
- "It's been good for the staff team, for staff morale to have a permanent manager. She has been good at introducing individual activities for each of (the residents) and has changes some of our filing systems which has been good."

Three completed questionnaires were returned to RQIA from residents' representatives. Respondents described their level of satisfaction with this aspect of care as very satisfied.

## Areas of good practice

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

## 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

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><b>Area for improvement 1</b></p> <p><b>Ref:</b> Regulation 20.- (3)</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>01 February 2018</p> | <p>The registered person shall ensure that a competency and capability assessment is completed for any person who is given the responsibility of being in charge of the home for any period in the absence of the manager.</p> <p>Ref: 6.4</p>  |
|   | <p><b>Response by registered person detailing the actions taken:</b></p> <p>In response to this area of improvement, the registered person will ensure competency and capability assessments for all Band 5 and Band 6 staff who are given the responsibility of being in charge of the home are completed within the timeframe of 1st February 2018. They are in the process of being completed.</p> |

### Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011

|   |   |
|---|---|
| <p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 16.1</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>30 March 2018</p>  | <p>The registered person shall ensure that that the adult safeguarding policy and procedure is reviewed to make it consistent with the NIASP Adult Safeguarding Operational Procedures, September 2016.</p> <p>Ref: 6.4</p>   |
|   | <p><b>Response by registered person detailing the actions taken:</b></p> <p>In response to this area of improvement, the registered person is in the process of ensuring that a statement that confirms Trust's acceptance of the regional policy and a commitment to deliver on this at a local level is included in Adult Safeguarding documentation. They are also including a local instruction for their staff as a local team procedure detailing who to contact in relation to Adult Safeguarding.</p> |
| <p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 6.2</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>01 January 2018</p> | <p>The registered person shall ensure that a diabetes management care plan is in place for those residents who have diabetes.</p> <p>Ref: 6.5</p>   |
|   | <p><b>Response by registered person detailing the actions taken:</b></p> <p>In response to this area of improvement the registered person has ensured that there is a Diabetes Management Care Plan in place for all residents with Diabetes in line with current PHA Guidelines.</p>   |

|  |   |
|--|---|
| <p><b>Area for improvement 3</b></p> <p>Ref: Standard 25.7</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>30 November 2017</p> | <p>The registered person shall ensure that records are retained of the information discussed during staff handovers.</p> <p>Ref: 6.5</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b><br/>In response to this area of improvement, a handover record proforma is now in place and identifies key information shared at handover. The information is retained.</p>   |
| <p><b>Area for improvement 4</b></p> <p>Ref: Standard 1.6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b><br/>01 March 2018</p>     | <p>The registered person shall ensure that the views and opinions of residents and their representatives regarding the running of the home, including the quality of care and the environment are sought formally once a year: an evaluation report is produced and made available to respondents.</p> <p>Ref: 6.7</p> <hr/> <p><b>Response by registered person detailing the actions taken:</b><br/>In response to this area of improvement ,the Annual Quality Survey Questionnaires have been revised and will be circulated during December 2017. The Evaluation Report will be completed by the 1st March 2018.</p> |

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



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