



Unannounced Care Inspection Report 27 July 2019



80 Malone Road

Type of Service: Residential Care Home
Address: 80 Malone Road, Belfast BT9 5BU
Tel No: 028 90681084
Inspector: Marie-Claire Quinn

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.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 14 residents living with a learning disability.

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust Responsible Individual: Martin Joseph Dillon	Registered Manager and date registered: Fiona Campbell 23 April 2018
Person in charge at the time of inspection: 09.45 hours Sharon Fleeton, band 5 care assistant 10.15 hours Fiona Campbell, manager, joined the inspection	Number of registered places: 14
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Total number of residents in the residential care home on the day of this inspection: 10

4.0 Inspection summary

An unannounced care inspection took place on 27 July 2019 from 09.45 hours to 14.20 hours.

The inspection assessed progress with all areas for improvement identified in the home since the last care inspection and 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 staffing, the environment, communication, person centred assessment, care delivery, the culture and ethos of the home, the provision of sensory facilities within the home, links to the community and governance.

Areas requiring improvement were identified in relation to the need for care plans to be signed by the resident and/or relative and written records of consent.

Residents used a range of verbal and non-verbal communication styles to confirm they were happy in the home. Residents looked well cared for, and were relaxed and comfortable in their surroundings and in their interactions with staff.

Comments received from residents and staff during and after the inspection, are included in the main body of this report.

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

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	2

Details of the Quality Improvement Plan (QIP) were discussed with Fiona Campbell, 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 inspection dated 6 March 2019

No further actions were required to be taken following the most recent inspection on 6 March 2019.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the last inspection findings, registration information, and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Easy read questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. One relative responded and told us they were very satisfied that the care in the home was safe, effective and compassionate and that the service was well led. Five residents responded and their views are included in the report below.

A poster was provided for staff detailing how they could complete an electronic questionnaire; however no staff completed this.

During the inspection a sample of records was examined which included:

- staff duty rota from 12 July 2019 to 18 July 2019 and from 25 July 2019 to 1 August 2019
- staff training matrix
- the home's Adult Safeguarding policy and procedure
- care records of five residents
- a sample of audits from May 2019 to July 2019
- monthly reporting reports dated 29 April 2019, 29 May 2019 and 27 June 2019
- RQIA registration certificate

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 last care inspection dated 6 March 2019

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

6.2 Inspection findings

6.3 Is care safe?

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

There was a calm and quiet atmosphere in the home. Residents looked well cared for, with personal care attended to and wearing clean and comfortable clothing. Residents told us, "I like my house." Following the inspection, five residents completed easy read questionnaires and confirmed they felt safe in the home.

There were enough staff on duty to meet the needs of residents. Residents were supported and supervised with eating, drinking and personal care as required. Any signs of distress or discomfort were addressed by staff in a kind and timely way.

The home was clean, tidy and well ventilated. The manager had purchased several new fans given the recent warm weather. Bedrooms were personalised and reflected the needs and interests of the resident. Some repainting was being done in the home, and Wi-Fi was in the process of being installed.

The door of the laundry room was unlocked and a small number of cleaning supplies had not been securely stored. This was immediately addressed by the manager who planned to also readdress this issue with staff to ensure shared learning.

Review of staff training records confirmed that staff received mandatory and specialist training. We identified three members of staff whose fire safety training was overdue; the manager promptly arranged this training within a week of the inspection.

We identified areas where the home could improve their adherence to General Data Protection Regulation (GDPR), for instance, locking office doors. We also noted that staff had not completed data protection training. We addressed this with the manager, who stated that all the locks in the home were being replaced within the next two days. She also provided documents confirming ongoing issues accessing online or direct GDPR training. The manager agreed to review these practices within the home and discuss with staff, as well as escalating the issue accessing training.

There was a clear adult safeguarding policy and procedure in place in the home, including easy read information for residents. Staff had received adult safeguarding training, and some staff had received additional specialist training, 'Keeping You Safe' to enhance their assessment and investigation skills. Any suspected incidents were promptly reported and investigated in line with legislation.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staffing and the environment.

Areas for improvement

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

	Regulations	Standards
Total numb of areas for improvement	0	0

6.4 Is care effective?

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

Residents used a range of verbal and non-verbal communication styles. Some residents smiled and waved, or used the 'thumbs up' sign to confirm they were happy. Residents who were unable to clearly communicate their thoughts and feelings appeared settled and at ease in their surroundings, singing and humming along to music being played, or surrounded by soft, cuddly toys. Following the inspection, five residents completed easy read questionnaires and confirmed that staff were kind.

Staff were attentive and gentle when supporting residents. Staff displayed a strong knowledge of resident's individual needs, preferences and communication style. They were able to anticipate and respond to residents' needs effectively. Some staff were trained in specialist communication techniques, such as talking mats or Makaton. The home had developed a personalised 'Here and Now' book to support one resident who was experiencing memory loss. This included pictures of the resident doing different tasks and activities in the home, to orient them and minimise their confusion and distress. Additional communication aids, such as communication passports, were contained in care records.

The home also used a range of personalised and specialist equipment to support resident's. For instance, one resident required coloured plates and cutlery to improve their dining experience, while another resident had Perspex bed rails. Equipment was kept clean and well maintained.

Care records were comprehensive and holistic. A range of assessments was used, depending on resident's individual need. These were regularly reviewed and provided in easy read format to facilitate resident's engagement and involvement in the process. Care records were person centred and contained a good level of detail of resident's wishes, preferences and interests. Annual care reviews were up to date.

Initial review of care plans was unsatisfactory, as they did not contain sufficient detail; the manager explained that all care plans were currently being reviewed as she had already identified these deficits. We reviewed care plans in the updated format, which were completed to a high standard and would soon be implemented throughout the home. No care plans had been signed by either the resident or their representative and so an area of improvement was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to communication, person centred assessment and care delivery.

Areas for improvement

One area for improvement was identified in this domain in relation to ensuring that care plans are signed by the resident and/or relative.

	Regulations	Standards
Total number of areas for improvement	0	1

6.5 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.

We saw care being delivered in a way which respected resident's choice, dignity and privacy. Residents were enjoying a leisurely morning when we arrived at the home. Some residents were having a lie in, while others were having breakfast in the dining room or watching television in the lounge. Residents told us, "I had Weetabix, chocolate Weetabix. Yes, I got tea." Following the inspection, five residents completed easy read questionnaires and confirmed that care is good in the home.

Residents were supported and encouraged to engage in a range of activities which varied depending on individual need and choice on the day. Several residents attended day centres during the week. The home also arranged regular outings, such as attending Rose Week or going out for ice cream. We spoke with one resident who had enjoyed going out for coffee with staff, and was keen for another "Cappuccino!"

The home has recently updated their sensory garden. This was a quiet and tranquil space for residents, with a summer seat, and a range of plants with unique smells, such as chocolate mint, pineapple, lavender and mild curry. This is in addition to a well-equipped sensory room in the home.

The manager has developed links with Belfast Hills Partnership and residents and staff recently enjoyed a walk in the Divis Mountains. This was deemed a success and the home hope to offer this more regularly. Residents had also completed a project with Arts Care and their work was displayed throughout the home.

It is important that where choice and control are restricted due to people's understanding, restrictions are carried out sensitively and complies with legislation. This is so that people feel respected, included and involved in their care. For instance, security had been reviewed in the home and the front door was now locked; this had been agreed in conjunction with resident's representatives. Additional restrictions such as the use of lap belts or bed rails were only used when deemed necessary for the resident's safety; this was agreed in conjunction with relatives and multi-agency professionals. The manager outlined how the home is currently in the process of seeking consent for the use and display of photographs; however no written records of consent were retained in care records currently. An area of improvement has been made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos of the home, the provision of sensory facilities within the home and links to the community.

Areas for improvement

One area for improvement was identified in this domain in relation to written records of consent.

	Regulations	Standards
Total number of areas for improvement	0	1

6.6 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 arrived shortly after the inspection commenced, to support staff.

Discussion with the manager confirmed that the home was operating within their registered categories of care. Systems were in place to monitor and review resident's needs and ensure smooth transition to nursing care, if required.

The home had not received any complaints, although there was a clear system in place for the management and review of these. Thank you cards from relatives were displayed in the home. A suggestion box was also available at the entry to the home although an open door policy is in place for residents or relatives to raise concerns or ideas with staff directly.

Following the inspection, five residents completed easy read questionnaires and confirmed that the home is well organised. Comments included:

- "More trips."
- "It's nice here, I like it here."
- "I am staying here."

We were satisfied that there were effective governance systems in place in the home. Review of accidents and incidents logs was acceptable. Environmental and cleaning audits were conducted on a regular basis, with identified action plans implemented in a timely manner. Information was on display in the manager's office to highlight areas of shared learning for staff.

Review of monthly monitoring reports was satisfactory. Action plans were in place, and there was evidence that these were reviewed and addressed. Relatives and professionals were contacted by telephone or email, if none were in the home on the day of the monitoring visit. Feedback was positive, "Staff have a thorough understanding of residents...good caring relationships."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to governance arrangements.

Areas for improvement

No areas for improvement were identified within this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	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 DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 6.3 Stated: First time To be completed by: 31 October 2019	<p>The registered person shall ensure that the resident or their representative, where appropriate, sign the care plan. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: In response to this area of improvement, the registered person will ensure the resident or their representative is asked to sign the care plan. If they are unable to sign or choose not to sign this will be recorded. This will be addressed at Annual Review meetings which are scheduled for early October.</p>
Area for improvement 2 Ref: Standard 7.4 Stated: First time To be completed by: 31 October 2019	<p>The registered person shall ensure that completed written consent forms, where used, are maintained within individual case records. This should include, but is not limited to, consent for care and treatment, information sharing arrangements, use and display of photography and any restrictive practices used in the home. If the resident or their representative is unable to sign or chooses not to sign, this is recorded.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: In response to this area of improvement, the registered person is developing suitable consent forms. Residents or their representative will be asked to sign these when consent is required, if they are unable to sign or choose not to sign this will be recorded. Completed forms will be maintained in the patients individual record. This will be discussed with the resident or their representative at Annual Review meetings which are scheduled for early October.</p>

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



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