



Unannounced Care Inspection Report 10 December 2020



80 Malone Road

Type of Service: Residential Care Home
Address: 80 Malone Road, Belfast BT9 5BU
Tel No: 028 90681084
Inspector: Julie Palmer

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.

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust Responsible Individual: Catherine Jack (registration pending)	Registered Manager and date registered: Fiona Campbell 23 April 2018
Person in charge at the time of inspection: Fiona Campbell	Number of registered places: 14
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years	Number of residents accommodated in the residential home on the day of this inspection: 8

4.0 Inspection summary

An unannounced care inspection took place on 10 December 2020 from 09.35 to 16.00 hours.

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection sought to assess progress with issues raised in the previous quality improvement plan. It was positive to note that all areas for improvement identified at the previous care inspection had been met.

The following areas were examined during the inspection:

- staffing
- personal protective equipment (PPE)
- the environment and infection prevention and control (IPC) measures
- care delivery
- care records
- governance and management arrangements.

Residents were observed to be content and settled in their surroundings and in their interactions with staff.

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	1	2

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Fiona Campbell, manager, and Marion Molloy, deputy 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.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report.

During the inspection the inspector met with eight residents and five staff. Questionnaires were left in the home to obtain feedback from residents and residents' relatives/representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the registered manager with 'Tell us' cards for distribution to residents' relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rota from 7 to 20 December 2020
- staff training records
- staff supervision schedule
- incident/accident reports
- monthly monitoring reports
- a sample of governance audits/records
- complaints/compliments records
- records confirming registration of staff with the Northern Ireland Social Care Council (NISCC)
- senior care assistant competency assessments
- two residents' care records
- COVID-19 information file
- activity planner
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met.

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

The most recent inspection of the home was an unannounced care inspection undertaken on 13 January 2020.

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure toiletries, creams, gloves, aprons and equipment are not stored in bathrooms and stained toilet roll holders and baths are cleaned.	Met
	Action taken as confirmed during the inspection: During our review of the environment we observed that cupboards have been installed in bathrooms and PPE supplies were appropriately stored within these. No toiletries or creams had been left in bathrooms. The bathrooms, fittings, and equipment within bathrooms, were seen to be maintained in a clean and hygienic condition.	
Area for improvement 2 Ref: Regulation 14 (2)(a) (c) Stated: First time	The registered person shall ensure cleaning chemicals, topical creams and sanitising gel are stored securely.	Met
	Action taken as confirmed during the inspection: During our review of the environment we observed that the cleaning trolley was not left unattended and the lockable cupboard on this was secured. Topical creams and sanitising gels were stored securely in the treatment room.	
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 6.3 Stated: Second time	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.	Met

	<p>Action taken as confirmed during the inspection: During review of care records we observed that these had been signed appropriately; staff had also clearly recorded when the resident or their representative was unable to sign the care plan and the reason for this.</p>	
<p>Area for improvement 2 Ref: Standard 7.4 Stated: Second time</p>	<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>Action taken as confirmed during the inspection: During review of care records we observed that consent forms had been appropriately signed by the resident's representative.</p>	Met
<p>Area for improvement 3 Ref: Standard 12.4 Stated: First time</p>	<p>The registered person shall ensure that the daily menu is displayed in a suitable format and in an appropriate location.</p> <p>Action taken as confirmed during the inspection: The daily menu was appropriately displayed, in both a written and pictorial format, in the dining room.</p>	Met
<p>Area for improvement 4 Ref: Standard 13 Stated: First time</p>	<p>The registered person shall ensure that the home offers a structured programme of activities and events, related to the statement of purpose and identified needs of the residents.</p> <p>Action taken as confirmed during the inspection: An activity schedule was on display. Discussion with the manager and staff evidenced that a structured programme of activities, tailored to the individual residents, was offered in the home. Residents' artworks and crafts were on display throughout the home.</p>	Met

Area for improvement 5 Ref: Standard 20.10 Stated: First time	The registered person shall ensure that working practices are systemically audited to ensure they are consistent with the homes' documented policies and procedures and action is taken when necessary.	Met
	Action taken as confirmed during the inspection: Review of a sample of audits evidenced that these were completed to evaluate the care and services provided and included action plans where necessary.	
Area for improvement 6 Ref: Standard 20.11 Stated: First time	The registered person shall ensure that any deficits identified in the monthly monitoring reports are followed up in a timely manner and documented when complete.	Met
	Action taken as confirmed during the inspection: Review of a sample of monthly monitoring reports evidenced that these include a review of the previous action plan to ensure that timely follow up has been completed.	

6.2 Inspection findings

6.2.1 Staffing

The manager told us that planned daily staffing levels were subject to regular review to ensure that the assessed needs of residents are met. On the day of the inspection we observed that staffing levels were satisfactory and residents' needs were met by the levels and skill mix of staff on duty. We observed that staff attended to residents' needs in a caring and timely manner. Staff spoken with expressed some dissatisfaction with staffing levels on occasions and told us that they had brought this to the attention of the manager. We discussed staffing levels and recruitment with the manager who confirmed that senior managers were aware of staffing requirements and that recruitment was actively ongoing.

Staff told us that teamwork was good and that, whilst working through the COVID-19 pandemic had been challenging, they were well supported by the management team. Comments included:

- "I like the client group and I don't mind challenging on their behalf."
- "It's a nice wee home."
- "This year has been hard."
- "Staffing levels can be tight, staff do extra shifts."
- "Teamwork is good, excellent since the start of Covid, we all just pulled together."
- "There is a lot of goodwill in the staff team when it comes to covering shifts."
- "Staff are very good at advocating for the residents."

Staff told us that, whilst the manager was approachable and has kept them well informed about COVID-19 related information, they felt that communication regarding the residents could be improved. Staff also told us that they were keen to take on more responsibility commensurate with their role. We discussed comments made by staff with the manager for information and action as required. The manager told us that a daily handover was undertaken to pass on information and delegate tasks and responsibilities but acknowledged that if staff were not on duty they could potentially miss out on relevant information and efforts would be made to improve communication with all staff. RQIA received no responses to the staff survey within the indicated timeframe.

There was a system in place to monitor that staff were registered with the NISCC as required; a monthly check was completed.

The manager told us that staff compliance with mandatory training was monitored and staff are reminded when training is due. Review of the staff training matrix revealed that planned face to face fire training dates had been cancelled as a result of COVID-19 restrictions and, whilst online training was available, not all staff had been able to avail of this as yet due to information technology (IT) issues. Efforts were being made to resolve these IT issues and staff could attend a Belfast Health and Social Care Trust (BHSCT) hub to complete online training. An area for improvement regarding mandatory fire training was made. Review of records confirmed that fire drills had been undertaken at suitable intervals.

Senior carers, who take charge in the home in the absence of the manager, undertake an annual competency assessment. However, review of records revealed that these were overdue; an area for improvement was made.

6.2.2 Personal Protective Equipment (PPE)

Signage had been put up at the entrance to the home to reflect the current guidance on COVID-19. PPE was readily available; a PPE station had been set up at the entrance enabling anyone entering to carry out hand hygiene and put on the recommended PPE. All visitors have a temperature check on arrival at the home.

The manager told us that the home had plenty of PPE available and stocks were regularly replenished. PPE stations were found to be well stocked throughout the home. Cupboards had been installed in bathrooms in order to ensure that PPE was readily available and appropriately stored.

We observed that staff carried out hand hygiene at appropriate times. Staff were observed to use PPE in accordance with the regional guidance. Staff spoken with demonstrated their knowledge of the current guidelines regarding use of PPE. The manager told us that staffs' use of PPE was monitored through observations and audits. Staff confirmed that they had received training in the use of PPE.

6.2.3 The environment and infection prevention and control (IPC) measures

We reviewed the home's environment; this included observations of a sample of bedrooms, bathrooms, lounges, the dining room, the sensory room, treatment room, sluice and storage areas. The home was found to be warm, clean, tidy and fresh smelling throughout. Fire exits and corridors were observed to be clear of clutter and obstruction. Residents' bedrooms were attractively themed, decorated and personalised. The home was tastefully decorated with Christmas trees and decorations on display.

The manager told us that there was a system in place to ensure frequently touched points were regularly cleaned. Each bedroom has a weekly deep clean completed. Cleaning rotas were in place and current IPC guidelines were followed.

All residents and staff have a twice daily temperature check recorded as per the current regional guidance in this area.

6.2.4 Care delivery

There was a warm and friendly atmosphere in the home, music was playing or TV's were on as residents preferred. Residents looked well cared for and appeared to be relaxed and content in their surroundings and in their dealings with staff. Staff spoke to residents kindly and with respect and were seen to be very attentive towards them.

The residents usually attend day centres but due to COVID-19 this is currently not an option for them. However, staff were very aware of the need to provide meaningful and positive activities for residents. A weekly activity planner was on display. The manager explained that this was a guide and staff could adjust the plan to suit an individual resident's needs on the day depending on whether or not they required more one to one time or wanted to take part in a group activity.

Christmas crafts residents had made were on display throughout the home along with a resident's photography display and other art works. Staff assist residents with activities they enjoy for example, baking, arts and crafts, games, puzzles and music. The manager told us that individual staff have different talents and areas of expertise and this ensures a wide range of activities could be tailored for the residents individual likes and interests.

The manager told us that visiting was arranged following the regional guidance in this area. A visiting room, with appropriate social distancing measures in place, had been set up. Relatives make an appointment, enter via an adjacent door, have a temperature check and access to hand sanitising facilities and PPE. Window and virtual visits were also accommodated as required.

We discussed the care partner initiative with the manager who was aware of this but had not had any requests from relatives who wished to undertake the role. The manager told us that they would be happy to facilitate the role for relatives and residents if required.

The majority of the residents were non-verbal but we could see that staff communicated with them effectively. Residents who were able to chat to us told us that staff were helpful and the food was good; comments included:

- "I like it here."
- "I like playing games."

A record of compliments was maintained; comments included:

- “Just a note to thank you all for the care and attention...words cannot express my total appreciation.”
- “You are all a wonderful team.”
- “To all our friends at 80 Malone Road, thank you.”

Two completed relatives’ questionnaires were returned following the inspection. Both responses indicated that the relatives were very satisfied with all aspects of care provided in 80 Malone Road. Comments included:

- “We are very happy with the care.”
- “Staff and manager are caring and we can phone anytime we want.”

6.2.5 Care records

We reviewed care records for two residents and found that these contained relevant risk assessments and individualised care plans to reflect the assessed needs and direct the care required. An informative and meaningful daily record was maintained to evidence the delivery of care for residents.

Deprivation of liberty safeguards (DoLS) had been taken into account in care plans. The manager told us that DoLS were being discussed at annual care reviews to ensure that the appropriate safeguards were in place for the residents.

There was evidence, in the records reviewed of referral to other healthcare professionals such as the dietician or speech and language therapist (SALT) where required and recommendations made were included in care plans. However, we observed that there was no evidence of evaluation of care plans recorded and the date when evaluation was due had not been indicated; an area for improvement was made.

Staff knowledgeably discussed residents’ care needs, it was clear they knew them well.

6.2.6 Governance and management arrangements

The manager told us that she felt well supported in her role and that although this had been a particularly challenging year “the team have been amazing”.

Staff were kept up to date with guidance relating to COVID-19; information regarding this was readily available in the home.

A sample of governance audits reviewed evidenced that management maintained a good level of oversight in the home. Audits were completed regarding, for example, hand hygiene, restrictive practices, incidents/accidents and complaints; the audits reviewed contained clear action plans where deficits had been identified. A current fire risk assessment was available.

Review of records evidenced that there was a system in place to manage complaints. There was also a system in place to ensure that RQIA are appropriately notified of accidents/incidents that occur in the home.

Monthly monitoring reports reviewed were informative, comprehensive and contained a review of the previous action plan as well as an updated action plan. During the COVID-19 pandemic the reports had been completed remotely when necessary.

Review of the duty rota showed that the person in charge was not indicated; this was discussed with the manager who agreed to address this immediately and assured us that future rotas would clearly indicate the person in charge.

Areas of good practice

Areas of good practice were identified regarding teamwork, use of PPE, IPC measures, the environment, care provided, treating residents with kindness, the culture and ethos, communication, care records and governance arrangements.

Areas for improvement

Areas for improvement were identified regarding ensuring that staff receive suitable fire safety training, completion of senior care assistance competency assessments and evaluation of care plans.

	Regulations	Standards
Total number of areas for improvement	1	2

6.3 Conclusion

The atmosphere in the home was warm and welcoming. Residents looked well cared for and staff were seen to treat them with kindness and respect.

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, and Marion Molloy, deputy 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 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	
Area for improvement 1 Ref: Regulation 27 (4) (e) Stated: First time To be completed by: 31 January 2021	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. Ref: 6.2.1 Response by registered person detailing the actions taken: This area for improvement has been met. All staff have attended Fire Safety Training.
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 25.3 Stated: First time To be completed by: 31 January 2021	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. Ref: 6.2.1 Response by registered person detailing the actions taken: The registered manager has completed the Annual Competency Assessments with the Senior Care Staff, who take charge of the Home in the absence of the Manager. One staff member on long term sickness will undergo the Competency Assessment when she returns to work.
Area for improvement 2 Ref: Standard 6.6 Stated: First time To be completed by: With immediate effect	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. Ref: 6.2.5 Response by registered person detailing the actions taken: The registered manager will ensure the Care Plans are up to date. Staff are aware they need to sign and date any changes. Evaluation sheets have been added to resident's documentation.

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



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