



The Regulation and
Quality Improvement
Authority

611 Ormeau Road
RQIA ID: 1012
611 Ormeau Road
Belfast
BT7 3JD

Inspector: Kylie Connor
Inspection ID: IN023481

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**Unannounced Care Inspection
of
611 Ormeau Road

2 September 2015**

The Regulation and Quality Improvement Authority
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: www.rqia.org.uk

1. Summary of inspection

An unannounced care inspection took place on 2 September 2015 from 11.30 to 17.00. The home was found to be delivering safe, effective and compassionate care. Through the inspection, we confirmed the standard and theme inspected were met. No areas for improvement were identified from this inspection. One area in regard to refresher training was identified for the registered manager to follow-up.

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

1.1 Actions/ enforcement taken following the last inspection

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

1.2 Actions/ enforcement resulting from this inspection

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

1.3 Inspection outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	0	0

No areas for improvement were identified. Catherine Major, Registered Manager and Anne Campbell, Operations Manager received feedback following the completion of the inspection.

2. Service details

Registered Organisation/ Registered Person: Dr Michael McBride	Registered Manager: Catherine Major
Person in charge of the home at the time of inspection: Catherine Major	Date manager registered: 1 April 2005
Categories of care: RC- LD; RC – LD (E)	Number of registered places: 13
Number of residents accommodated on day of inspection: 11	Weekly tariff at time of inspection: £470

3. Inspection focus

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

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

Theme: Residents receive individual continence management and support.

4. Methods/process

Prior to inspection we analysed the following records: the returned Quality Improvement Plan from the previous care inspection, notifications of accidents and incidents and returned resident questionnaires.

We met with seven residents, three members of care staff, the registered manager and the operations manager.

We inspected two care records, complaints and compliment records, policies and procedures relating to the standard and theme inspected, fire safety records, staff training records and the accidents and incidents register. Staff questionnaires and resident questionnaires were distributed during the inspection.

Following the inspection, seven of the staff questionnaires were returned to us within the required timescale. A total of six resident questionnaires were returned and analysed by us. We spoke to the registered manager on 21 September 2015 who agreed to follow-up on one issue raised in regard to staff training. Further details are contained within the report.

5. The inspection

5.1 Review of requirements and recommendations from previous inspection

The previous inspection of the home was an unannounced care inspection dated 21 January 2015. The completed QIP was returned and approved by the care inspector.

5.2 Review of requirements and recommendations from the last care inspection

Previous inspection recommendations		Validation of compliance
Recommendation 1 Ref: Standard 10.1; 10.4	The responsible person should ensure that a review of relevant policies and procedures includes that RQIA is notified of each occasion restraint is used and includes the process of referring and engaging the support of a multi-disciplinary team and other professionals in the residents care plan.	Met
	Action taken as confirmed during the inspection: Discussion with the registered manager and examination of the guidelines confirmed to us that this had been addressed.	

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

Is care safe? (Quality of life)

The registered manager and staff confirmed to us that residents can spend their final days in the home unless there are documented health care needs to prevent this. A number of residents had died in the home in the last five years.

We inspected two residents' care records and could confirm that needs assessments, risk assessments and care plans were in place. Care records were kept under continual review and signed appropriately.

Documentation was amended as changes occurred to residents' medical conditions. The records were kept up to date to accurately reflect at all times the needs and preferences of the resident.

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

Is care effective? (Quality of management)

The home had a draft local policy and procedure in place relating to dying and death. The home had a copy of the current best practice guidelines. The registered manager and staff reported to us that staff training had been provided in the area of end of life care. Staff training records inspected demonstrated that training had been provided in three identified areas during the last twelve months.

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

Staff confirmed to us that they were aware of the importance of encouraging nutrition and fluid intake and of ensuring good skin care to a resident at the end of life. Staff confirmed to us that they would liaise closely with district nursing staff, and other specialist services as required. Staff were knowledgeable that notification of a death is made to all relevant parties in a timely manner.

The registered manager and staff confirmed to us that there was a supportive ethos within the management of the home in helping staff deal with the dying and death of a resident. The registered manager explained to us that in the past residents had been aware that a fellow resident had died. The registered manager and staff confirmed to us that residents' had been supported to pay their respects.

Is care compassionate? (Quality of care)

Staff members reported to us that they felt prepared and able to deliver care in a compassionate and sensitive manner. Staff were able to articulate those values which underpin compassionate care delivered to residents within the home.

The registered manager and staff described to us how a resident would be cared for in the home at the end of life. Staff are commended in this regard. Whilst the medical needs of the resident would be met by the GP, the district nursing team and other specialists, the care needs would be fully met by the staff. Staff described to us how family members would be able to be with a resident at the end of life and made comfortable within the home.

The registered manager explained to us that the news of the death of a resident would be shared sensitively with residents. The registered manager reported to us that there had been occasions when residents and staff had been given the option to attend funerals of fellow residents.

In our discussions with the registered manager and staff they confirmed that arrangements can be made to provide spiritual care for residents who are dying, if they so wish. Family members and friends, who may wish to offer comfort for a resident who is dying are enabled to do so, if the resident wishes.

Following a death, the body of the deceased resident is handled with care and respect and in accordance with his or her expressed social, cultural and religious preferences. The registered manager confirmed to us that the deceased resident's belongings are handled with care and his or her representative is consulted and assisted in this regard.

Areas for improvement

No areas for improvement were identified. The standard was assessed as met.

Number of requirements:	0	Number of recommendations:	0
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5.4 Theme: Residents receive individual continence management and support

Is care safe? (Quality of life)

The registered manager and staff confirmed to us that independence in continence management is promoted within the home. Staff confirmed to us that where residents require any personal care or support, this is detailed in assessment and care plans.

In our discussion with the registered manager and inspection of staff training records, we confirmed that staff had received training in continence management. Staff members we interviewed demonstrated their knowledge and understanding of continence care and of the continence referral system.

Through our inspection of the premises and discussions with staff, it was confirmed to us that staff had unrestricted access to a plentiful supply of laundered bed linen, towels, gloves and aprons. Sufficient hand washing dispensers were present.

Is care effective? (Quality of management)

The home had a policy and procedure relating to continence management and promotion.

In our discussions with staff and through a review of the care records we confirmed that no residents had reduced skin integrity. There were no malodours observed during inspection of the premises.

Is care compassionate? (Quality of care)

Following our observations of care practices we confirmed that residents were treated with care, dignity and respect when being assisted by staff and in interactions with staff. Residents related to us that staff members demonstrated the values of respect, privacy, choice and that their independence was promoted.

Areas for improvement

No areas for improvement were identified. The theme was assessed as met.

Number of requirements:	0	Number of recommendations:	0
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5.5 Additional areas examined

5.5.1 Residents' views

We met with seven residents either individually or in small groups. Six residents completed and returned a questionnaire. In accordance with their capabilities, all indicated that they were happy with their life in the home, their relationship with staff and the provision of care and support.

Comments included:

- "Staff are very nice and are good to me."
- "I don't want changes made as I am very happy here."
- "I like going to the shop after dinner."
- "To get more privacy I can go to my room and read and listen to music."
- "I like it."

5.5.2 Staff views/ staff questionnaires

We met with three staff members individually and spoke informally with two others. All staff spoke positively about their role and duties, training, staff morale, teamwork and managerial support. Seven staff questionnaires were returned which supported these findings. Two issues were raised within one questionnaire. These were in regard to the content and timeliness of training and access to equipment.

We discussed these issues with the registered manager on 21 September 2015. The registered manager confirmed to us that refresher training will be offered to staff. She re-stated what staff had confirmed to us during the inspection, that there are no issues in obtaining equipment in a timely manner.

Comments included:

- "When residents are in hospital, we take residents to visit. They are friends."
- "Everyone is an individual. Everyone has different likes and dislikes. We know their ways."
- "611 is an excellent unit to work in....and a manager that works above her call of duty all the time."
- "611 is a great place to work....the care is great for the residents."

5.5.3 Environment

The home was observed to be clean and tidy. Décor and furnishings were observed to be suitable. The ceiling and lighting in the dining room were being replaced at the time of the inspection. Arrangements had been made to minimise disruption to residents. We advised the registered manager of the necessity to submit a variation in regard to changes to a store and a living room. We received this variation application following the inspection.

5.5.4 Care practices

Through our observations of care practices we were satisfied that residents were treated with dignity and respect. Care duties were undertaken at an unhurried pace. Interactions with residents were observed to be conducted in a polite, friendly and supportive manner.

5.5.5 Accidents/ incidents

A review of the accident and incident notifications since the previous inspection established that these had been reported and managed appropriately. There is a low rate of accidents and incidents in the home.

5.5.6 Complaints/ compliments

Discussions with the registered manager and review of the complaint records confirmed that complaints had been managed appropriately. The home had received several written compliments in the last few years in regard to the care and support delivered by staff.

5.5.7 Fire safety

The home had a current fire safety risk assessment. An inspection of fire safety records confirmed that fire alarms, emergency lighting and fire extinguishers were checked as required.

We inspected staff training records which confirmed that staff members had received fire training twice yearly. We did not identify any obvious fire risks on the day of inspection.

Areas for improvement

There were no areas of improvement identified within the additional areas examined.

Number of requirements	0	Number of recommendations:	0
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No requirements or recommendations resulted from this inspection.

I agree with the content of the report.			
Registered Manager	Catherine Major	Date completed	1/10/15
Registered Person	Martin Dillon	Date approved	01/10/15
RQIA Inspector assessing response	Kylie Connor	Date approved	6/10/15

Please provide any additional comments or observations you may wish to make below:

Please complete in full and returned to care.team@rqia.org.uk from the authorised email address

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