

Inspection Report

8 November 2021



611 Ormeau Road

Type of Service: Residential Care Home
Address: 611 Ormeau Road, Belfast BT7 3JD
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www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

Organisation/Registered Provider: Belfast HSC	Registered Manager: Josephine Grant
Registered Person: Catherine Jack	Date registered: 4 September 2017
Person in charge at the time of inspection: Josephine Grant	Number of registered places: 13
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 9
Brief description of the accommodation/how the service operates: This home is a registered Residential Care Home which provides health and social care for up to 13 residents. Two of the 13 registered places are used for short term respite breaks for people who live in the community; however these beds have not been used since March 2020 due to pandemic restrictions.	

2.0 Inspection summary

An unannounced inspection took place on 8 November 2021 from 11.25 am to 4.50pm by a care inspector.

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.

We found that there was safe, effective and compassionate care delivered in the home and the home was well led by the management team.

Areas requiring improvement were identified in relation to ensuring residents are wearing the correct footwear, refurbishment of the home's environment and staff's donning and doffing of Personal Protective Equipment (PPE).

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA were assured that the delivery of care and service provided in 611 Ormeau Road was safe, effective and compassionate and that the home was well led. Addressing the areas for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the manager and 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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 was observed and how staff went about their work.

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 the management team at the conclusion of the inspection.

4.0 What people told us about the service

Six residents told us about how they liked to spend their time in the home, and how staff were always there to help them if they needed it. Residents who were unable to express their opinions verbally looked relaxed and indicated through non-verbal responses such as smiling, waving, and nodding or thumbs up, that they were comfortable and content. Residents told us they liked the staff, their bedrooms and the food in the home. Some residents missed being able to attend their day care services, however there were other activities available in the home. Specific feedback from residents is discussed in more detail in section 5.2.4.

The four staff members we spoke with were very positive about the care being provided in the home. They had no concerns regarding staffing levels or care delivery and felt there was good team work and excellent support from management.

Staff also noted the ongoing impact of pandemic restrictions, especially the lack of day care provision; however they were able to describe how activities and routines in the home had been reviewed to ensure residents' needs were met.

One questionnaire was received following the inspection. The resident's relative confirmed that they were very satisfied that the care in the home was safe, effective and compassionate, and that the service was well led; "I have great respect for the hard working staff and manager. Throughout this difficult Covid period, the staff continued their high quality of care. My family are very grateful to the staff and Josephine for getting us through these times."

No additional feedback was received from residents or staff following the inspection.

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 22 September 2020		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for Improvement 1 Ref: Regulation 27(2)(c) Stated: First time	The registered person shall ensure the repair or replacement of two broken baths and a broken bath lift.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Area for Improvement 2 Ref: Regulation 29(4)(c) Stated: First time	The registered person shall ensure that a visit by a registered provider takes place at least once a month; a written report on the conduct of the home is prepared and made available in the home.	Met
	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)		Validation of compliance
Area for Improvement 1 Ref: Standard 35.1	The registered person shall ensure that effective infection prevention and control measures are implemented, specifically in relation to hand hygiene.	Met

Stated: First time	Action taken as confirmed during the inspection: There was evidence that this area for improvement was met.	
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5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. Adequate systems were in place to ensure staff were recruited correctly to protect residents. This included overview of staff's professional registration with NISCC.

There were systems in place to ensure staff were trained and supported to do their job. Staffs mandatory training was up to date, and staff had completed additional training on epilepsy management and dysphagia.

Staff said there was good team work and that they felt well supported in their role, were satisfied with the staffing levels and the level of communication between staff and management.

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.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely and flexible way; and to provide residents with a choice on how they wished to spend their day. For example, a resident decided they wanted to visit a local shopping centre with staff on the day of inspection, and this was organised on the day.

Staff told us that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

5.2.2 Care Delivery and Record Keeping

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. Staff were observed anticipating resident's needs and effectively responding to non-verbal signs of discomfort. One resident presenting with anxiety was quickly assured and supported by staff, and later noted to be sitting happily singing and clapping along with staff.

It was established that safe systems were in place to oversee and review Mental Capacity assessments and Deprivation of Liberty Safeguards (DoLS) in the home.

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, resident care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly.

Residents who are less able to mobilise require special attention to their skin care. Care records accurately reflected the residents' needs and if required care staff consulted the District Nurse and followed the recommendations they made.

Examination of records and discussion with staff confirmed that the risk of falling and falls were well managed. There was evidence of appropriate onward referral as a result of the post-falls review. For example, residents were referred to the Trust's Specialist Falls Service, their GP, or for physiotherapy. However, we noted one resident was not wearing the correct footwear, which created a potential increased risk of a fall. This was addressed by staff on the day of inspection and an area for improvement was identified.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff.

The dining experience was an opportunity of residents to socialise and the atmosphere was pleasant and unhurried. It was observed that residents were enjoying their meal and their dining experience. Staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available.

Staff told us how they were made aware of residents' nutritional needs and confirmed that residents care records were important to ensure residents received the right diet. There was clear and up to date visual guides and written information available for all staff, including kitchen staff, to ensure residents were receiving the correct diet and nutrition. In addition, the home is being supported by Speech and Language Therapy (SALT) to review and further improve the quality of food and arrangements for residents who may experience swallowing difficulties.

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily. Residents told us staff were helping them make healthy choices, such as avoiding sweets and cake.

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; and included any advice or recommendations made by other healthcare professionals. Residents care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. 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. Care plans were detailed and contained specific information on each residents' care needs and what or who was important to them.

Daily records were kept of how each resident spent their day and the care and support provided by staff. The outcome of visits from any healthcare professional was recorded.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. This review should include the resident, the home staff and the resident's next of kin, if appropriate. A record of the meeting, including any actions required, was provided to the home.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was clean and tidy. However, there were signs of wear and tear including chipped and worn paint on doors, skirting boards, hand rails, walls and radiator covers. One broken bath and a broken bath lift, which had previously been stated as an area for improvement, had yet to be repaired. This was discussed with the management team, who confirmed that the required refurbishment and building maintenance work had already been reported to the trust estates team, but that planned works had been delayed due to the pandemic and an outbreak in the home earlier in the year. Management agreed to escalate these issues again, and an area for improvement was identified. This includes submission of a detailed and time bound refurbishment action plan to RQIA by 8 January 2022.

Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

There was evidence that appropriate systems and processes were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. For example, the home participated in the regional testing arrangements for residents, staff and care partners and any outbreak of infection was reported to the Public Health Authority (PHA).

Staff were observed to carry out hand hygiene at appropriate times. This was regularly monitored by the manager and audit records were kept.

Discussion with staff and review of records confirmed that staff had received training on infection prevention and control (IPC) measures and the use of PPE. Observation of practice identified that staff required additional guidance and/or training on the correct donning and doffing of PPE. This was discussed with the management team and an area for improvement was identified.

Visiting arrangements were managed in line with DoH and IPC guidance.

5.2.4 Quality of Life for Residents

Residents told us that staff offered choices throughout the day which included preferences for getting up and going to bed, what clothes they wanted to wear, food and drink options, and where and how they wished to spend their time. This reflected our observations of the care being delivered in the home during the inspection.

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV. Residents told us how birthdays were celebrated in the home; two residents had an upcoming birthday and talked excitedly about seeing their families and getting presents and birthday cake. Residents were also looking forward to decorating the home for Christmas and starting Christmas shopping, which staff will support them with.

Residents' needs were met through a range of individual and group activities. This included astronomy, reading, building and painting model trains, drawing and colouring in, watching television, shopping, visiting the duck pond and going for walks. An activities co-ordinator was also employed in the home, and would arrange group activities such as bingo or quiz nights. There was ample equipment for such activities; one resident had a telescope in his bedroom, and another resident was delighted to receive two new model sets which staff had ordered for them from England. Staff also facilitated residents to maintain and develop daily living skills, such as folding laundry and setting the tables for meals, depending on resident's interests.

Residents did tell us they missed attending day centres; this had been stopped due to pandemic restrictions. Staff and management were aware of this, and advised they were awaiting the updated DOH guidance on further easing of restrictions. In the interim, there were sufficient alternative social and leisure activities available for residents.

Residents also told us that they were encouraged to participate in regular resident meetings which provided an opportunity for residents to comment on aspects of the running of the home. A residents meeting had been held the night before the inspection and residents were keen to tell us that they had talked about the role of RQIA; and they confirmed they felt happy and cared for in the home.

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 and care partner arrangements were in place with positive benefits to the physical and mental wellbeing of residents.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection.

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 commented positively about the management team and described them as supportive, approachable and always available for guidance.

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 good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

It was established that the manager had a system in place to monitor accidents and incident that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

There was an effective system in place to manage complaints.

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 adequate detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These are available for review by residents, their representatives, the Trust and RQIA. The management team also agreed to remind the person completing the reports to ensure the cover page accurately records whether or not the visit was completed remotely or onsite, and will include clear reference to the refurbishment plan as discussed in section 5.2.3.

6.0 Conclusion

There was a warm and homely atmosphere in the home throughout the inspection. Residents told us they enjoyed how they spent their time in the home and that staff were always nice to them.

There were friendly, kind and caring interactions between staff and residents. Residents were very at ease in approaching staff and it was clear the staff knew the residents well.

Staff promptly attended to residents' needs, and ensured they were treated with dignity and respect.

As a result of this inspection three new areas for improvement were identified in respect of ensuring residents are wearing the correct footwear, refurbishment of the home's environment and staff's donning and doffing of Personal Protective Equipment (PPE).

Details can be found in the Quality Improvement Plan included.

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 Regulations (Northern Ireland) 2005** and/or **the Residential Care Homes' Minimum Standards (August 2021)**

	Regulations	Standards
Total number of Areas for Improvement	1*	3

*The total number of areas for improvement includes one regulation that has been carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with the manager and management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 27(2)(c) Stated: First time To be completed by: 31 March 2020	The registered person shall ensure the repair or replacement of one broken baths and a broken bath lift. Ref: 6.1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)	
Area for improvement 1 Ref: Standard 9.2 and 9.6 Stated: First time To be completed by: Immediate and ongoing	All staff shall ensure that at all times; residents have access to and are wearing their own footwear. Ref: 5.2.2 Response by registered person detailing the actions taken: The registered manager will ensure that at all times; residents have access to and are wearing their own footwear
Area for improvement 2 Ref: Standard 27 Stated: First time To be completed by: 8 January 2022	The premises and grounds must be well maintained and remain suitable for their stated purpose. A detailed and time bound refurbishment action plan will be submitted to RQIA by 8 January 2022. Ref: 5.2.3 Response by registered person detailing the actions taken: The registered manager will ensure the grounds are maintained and are suitable for purpose. A detailed and time bound refurbishment action plan has been agreed in conjunction with BHSCT Estates team and will be submitted to RQIA by 8 January 2022. The action plan will now commence.
Area for improvement 3 Ref: Standard 28.3 Stated: First time To be completed by: Immediate and ongoing	The registered person promotes safe and healthy working practices through the provision of information, training, supervision and monitoring of staff regarding effective infection prevention and control measures. This is specifically in relation to the correct donning and doffing of PPE. Ref: 5.2.3

	<p>Response by registered person detailing the actions taken: The registered manager will continue to promote safe and healthy working practices through the provision of information, training, supervision and monitoring of staff regarding effective infection prevention and control measures specifically in relation to the correct donning and doffing of PPE.</p>
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