



The **Regulation** and
Quality Improvement
Authority

Unannounced Care Inspection Report 16 December 2019



611 Ormeau Road

Type of Service: Residential Care Home
Address: 611 Ormeau Road, Belfast, BT7 3JD
Tel No: 028 9069 1197
Inspector: Debbie Wylie

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 13 residents.

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust Responsible Individual: Martin Joseph Dillon	Registered Manager and date registered: Josephine Grant 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	Total number of residents in the residential care home on the day of this inspection: 11

4.0 Inspection summary

An unannounced inspection took place on 16 December 2019 from 10.00 hours to 15.30 hours. This inspection was undertaken by the care inspector.

The inspection assessed progress with all areas for improvement identified in the home 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 staffing, training, fire safety, communication, the dining experience and management support.

Areas requiring improvement were identified notification of incidents/accidents, governance oversight audits, care records, control of substances hazardous to health and infection prevention and control.

Residents described living in the home as being in positive terms. Residents unable to voice their opinions were seen to be relaxed and comfortable in their surrounding and in their interactions with others/ with staff.

Comments received from residents, people who visit them or professionals 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	5	*4

*The total number of areas for improvement include two standards which have been carried forward for review at the next inspection.

Details of the Quality Improvement Plan (QIP) were discussed with Josephine Grant, Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

4.2 Action/enforcement taken following the most recent inspection dated 22 June 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 22 June 2019. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the previous care inspection, registration information, and any other written or verbal information received, for example serious adverse incidents.

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

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. A poster was provided for staff detailing how they could complete an electronic questionnaire.

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

- staff duty rotas from 9 to 23 December 2019
- staff training matrix
- records of staff registration with professional body
- three staff recruitment and induction records
- three residents' records of care
- a sample of complaint records
- a sample of compliment records

- a sample of governance audits
- accident/incident records from July to December 2019
- monthly monitoring reports from July to November 2019
- the current fire risk assessment
- RQIA registration certificate.

Areas for improvements identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met, or not 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 last care inspection dated 20 July 2019

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 18. – (2) (a) Stated: First time	The registered person shall provide appropriate communication facilities in the home. This is in relation to Wi-Fi access which will enable residents to access online communication tools.	Met
	Action taken as confirmed during the inspection: Inspector confirmed that Wi-Fi was available and in use by residents within the home at the time of inspection.	
Area for improvement 2 Ref: Regulation 20. – (3) Stated: First time	The registered person shall carry out a competency and capability assessment with any person who is given the responsibility of being in charge of the home for any period of time in their absence. This should be accurate and individualised.	Met
	Action taken as confirmed during the inspection: Inspector confirmed through review of staff records that individualised competency and capability assessments had been completed.	

Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 1.5 Stated: Second time	The registered person shall ensure that the minutes of residents' meetings contain clear action plans which include time frames and that minutes are signed by residents to confirm their attendance and agreement.	Met
	Action taken as confirmed during the inspection: Review of the minutes of residents' meetings confirmed there were clear action plans with time frames and that the minutes were signed by residents.	
Area for improvement 2 Ref: Standard 7.4 Stated: Second time	The registered person shall ensure that written consents include information on how photographs or videos of residents may be used.	Met
	Action taken as confirmed during the inspection: We confirmed that written consents including information on how photographs or videos of residents may be used were present in residents' records.	
Area for improvement 3 Ref: Standard 1.4 Stated: First time	The registered person shall ensure that suggestions made regarding improvements and issues raised by residents and their representatives regarding the quality of services and facilities provided are listened and responded to. This is specifically in relation to residents' requests for Wi-Fi access in the home.	Met
	Action taken as confirmed during the inspection: Wi-Fi was available and in use by residents within the home at the time of inspection.	

Areas for improvement from the last medicines management inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 32 Stated: First time	The registered person shall closely monitor stock control of medicines and discontinued medicines should be promptly disposed of.	Carried forward to the next care inspection
	Action required to ensure compliance with this regulation/standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.	
Area for improvement 2 Ref: Standard 31 Stated: First time	The registered person shall ensure that minimum dosage intervals and maximum daily dosages are recorded for medicines that are prescribed to be administered on a “when required” basis.	Carried forward to the next care inspection
	Action required to ensure compliance with this regulation/standard was not reviewed as part of this inspection and this will be carried forward to the next 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.

The planned staffing levels were confirmed by the manager as being achieved and meeting the needs of residents. Staff also told us that staffing levels were achieved on a daily basis and this was confirmed from a review of the staff duty rota from 9 to 23 December 2019.

Staff spoken with said they had time to care for residents and had received the training to ensure they had the skills to provide the right care. This was also confirmed from a review of the training records.

Residents told us they liked it in the home and that the staff were very nice. We saw that residents were well groomed, relaxed and comfortable in their surroundings.

As part of our inspection we asked residents, family members and staff to provide us with their comments on the care provided in the home via questionnaires. None were returned.

We saw that staff attended to residents’ needs and requests for assistance in a timely and caring manner. Staff also provided support to residents during the lunch time meal including assisting with serving their choice of meal and drink. Staff and residents were seen to be relaxed in each other’s company and to chat about daily life throughout the meal.

The homes environment was clean and tidy with resident bedrooms personalised to their own taste. Review of bathrooms identified a number of matters that required to be addressed as follows:

- Residents’ toiletries were stored in bathrooms which suggested communal use.
- Personal protective equipment such as aprons and gloves were stored on bathrooms where there was a toilet. This is not in keeping with infection prevention and control measures were.
- Two bathrooms required the baths, flooring and bath lift to be repaired or replaced.

Details were discussed with the manager and three areas for improvement have been made.

Review of the laundry room found that laundry chemicals were present and as the room was unlocked this might be a risk to residents’ safety. In addition we saw cleaning chemicals left sitting in the dining area. Details were discussed with the manager and these were removed and an area for improvement was made.

Fire safety measures were in place in the home to keep residents, staff and visitors to the home safe. On discussion these safety measures and actions were confirmed to be complete by the manager.

Staff confirmed that they were receiving mandatory training and this was evident in our observation of staff practice and review of records. Staff spoke with were knowledgeable about how to report concerns about residents or staff practice.

We reviewed three residents’ care records which evidenced that care plans were completed for residents’ assessed needs and updated regularly. However relevant risk assessments, such as bathing and epilepsy were not in place and an area for improvement was made.

Areas for improvement

The following areas were identified for improvement in relation to home’s environment. Infection prevention and control, maintenance of equipment and risk assessments.

	Regulations	Standards
Total number of areas for improvement	4	1

6.4 Is care effective?

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

Residents were observed to be receiving the right care from staff who were familiar with their care needs. For example, residents were assisted when mobilising and with their lunch time meal.

When we spoke with staff they had a good knowledge of peoples’ abilities and level of decision making. Staff were knowledgeable about how to respond to behaviours which may challenge and how to assist residents with their personal care. Staff said:

“We provide holistic care and promote residents well-being.”
 “The residents are treated well here.”

Staff communicated well with each other regarding residents’ needs and were observed working well as a team. Staff were aware of their roles and responsibilities.

We asked residents about their experience of the care provided to them. Residents said:

“The staff are all good to me.”
 “I have a lot of friends here.”
 “The staff are very nice.”
 “I like staying here.”

A total of nine questionnaires were returned and all nine respondents indicated that they were very satisfied with the care provided.

Areas for improvement

No areas for improvement were identified in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

During the lunch time meal residents were observed to be treated with respect with staff enquiring what choice of drink they preferred with their meal. Residents and staff were observed to enjoy each other’s company and chatted throughout the meal.

There was a relaxed atmosphere and residents looked happy in the home.

Activities were ongoing during the inspection including music while some residents were happy to be in their own rooms enjoying their personal interests. Residents told us:

“I like going to the shopping centre.”
 “I love to get my hair done.”
 “I really like reading.”
 “We go to the sea side in the mini bus.”

Review of the minutes of residents meetings confirmed that residents were involved in decisions about how they spent their day and what type of activities and/or day trips would be organised.

Residents care records showed evidence that they had been fully involved in their care planning and consent had been obtained for use of their photographs and personal information. Records were written in a respectful manner and stored confidentially.

We reviewed the record of complaint. While no complaints had been received since the last inspection the manager was fully aware of the complaints procedure. There were lovely examples of compliments received such as:

“We appreciate everything you have done.”
 “Thank you all so much for looking after me.”

Any comments from residents and/or their family members received after the return date will be shared with the manager for their information and action, as required.

Areas for improvement

No areas for improvement were identified in this domain.

	Regulations	Standards
Total number of areas for improvement	0	0

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.

There has been no change of manager since the last inspection and the manager confirmed that the home was operating within its registered categories of care.

We reviewed the record of quality monitoring visits undertaken by the provider’s representative from July to November 2019. These visits were undertaken monthly and in accordance with Regulation 29. An action plan was included within each report and the actions identified were completed appropriately.

We requested to see a sample of governance audits such as care plan, falls and infection prevention and control audits. These were not available as they had not been carried out. This was discussed with the manager who agreed to recommence these regular audits immediately. An area for improvement was made.

Records of accidents and incidents occurring in the home were reviewed in comparison to the notifications submitted to RQIA. We found a number of notifiable accidents or incidents which should have been reported to RQIA. Details were discussed with the manager and an area for improvement was made.

Interaction between the manager and staff was observed to be relaxed and respectful. Staff comments to us about the manager included:

“There is good communication from the manager.”

“The manager is lovely.”

We also invited staff to provide comments via an on-line questionnaire. None were received.

Areas for improvement

The following areas were identified for improvement in relation to governance arrangements and reporting incidents and accidents.

	Regulations	Standards
Total number of areas for improvement	1	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Josephine Grant, 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>Area for improvement 1</p> <p>Ref: Regulation 13(7)</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>The registered person shall ensure toiletries are removed from shared bathrooms.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: In response to this area of improvement, the registered person has removed all toiletries from shared bathrooms. These are now kept in individual residents bedrooms</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 13 (7)</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>The registered person shall ensure that personal protective equipment is removed from shared toilets and bathrooms.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: In response to this area of improvement, the registered person has removed all cabinets containing protective equipment from shared bathrooms and toilets. These have been replaced appropriately throughout 611.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 27 (2)(c)</p> <p>Stated: First time</p> <p>To be completed by: 31 March 2020</p>	<p>The registered person shall ensure the repair or replacement of two broken baths, damaged bathroom flooring and a broken bath lift.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: In response to this area of improvement, the registered person has completed a minor works form to be approved for replacement baths, flooring and bath lift. The registered person is awaiting approval.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2)(a)(c)</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>The registered person shall ensure substances hazardous to health are stored in a locked cupboard including laundry chemicals and cleaning chemicals.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: In response to this area of improvement, the registered person has ensured a lock was placed immediately on the existing cupboard within the laundry room to store chemicals which include laundry and cleaning materials in line with COSHH safety guidelines..</p>

<p>Area for improvement 5</p> <p>Ref: Regulation 30 (c)(d)</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>The registered person shall ensure that notifiable events are submitted to RQIA as required: in keeping with regulation.</p> <p>Ref: 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: In response to this area of improvement, the registered person has submitted the requested notifiable event following inspection to RQIA.</p> <p>The registered person will ensure all notifiable events are submitted in keeping with regulation.</p>
<p>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 32</p> <p>Stated: First time</p> <p>To be completed by: 10 May 2018</p>	<p>The registered person shall closely monitor stock control of medicines and discontinued medicines should be promptly disposed of.</p> <p>Ref: 6.4</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 31</p> <p>Stated: First time</p> <p>To be completed by: 10 May 2018</p>	<p>The registered person shall ensure that minimum dosage intervals and maximum daily dosages are recorded for medicines that are prescribed to be administered on a “when required” basis.</p> <p>Ref: 6.5</p> <hr/> <p>Action required to ensure compliance with this standard was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>The registered person shall ensure that relevant risk assessments, such as bathing and epilepsy are in place for all residents who require them.</p> <p>Ref: 6.3</p> <hr/> <p>Response by registered person detailing the actions taken: In response to this area of improvement, the registered person has ensured that risk assessments are in place for both bathing and Epilepsy for those residents that require them.</p>

<p>Area for improvement 4</p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p> <p>To be completed by: immediately from the date of inspection</p>	<p>The registered person shall ensure governance audits, such as care plan, falls, infection prevention and control audits, are recommenced immediately. In addition any deficits identified through the audit process must be clearly recorded within an action plan and addressed in a timely manner.</p> <p>Ref: 6.6</p> <hr/> <p>Response by registered person detailing the actions taken: In response to this area of improvement, the registered person has put a process in place to ensure governance audits in Care Plans, falls and infection control are undertaken and any identified issues will be clearly recorded with an action plan to be addressed in a timely manner.</p>
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Please ensure this document is completed in full and returned via Web Portal



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The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

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