



The Regulation and  
Quality Improvement  
Authority

## **Secondary Unannounced Care Inspection**

**Name of Service and ID:** 611 Ormeau Road (1012)

**Date of Inspection:** 21 January 2015

**Inspector's Name:** Kylie Connor

**Inspection ID:** 16679

**THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY**  
9th floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501

## 1.0 General information

<b>Name of Service:</b>	611 Ormeau Road
<b>Address:</b>	611 Ormeau Road Belfast BT7 3JD
<b>Telephone number:</b>	(028) 9504 0589
<b>E mail address:</b>	catherine.major@belfasttrust.hscni.net
<b>Registered Organisation/ Registered Provider:</b>	Colm Donaghy Belfast Health and Social Care Trust
<b>Registered Manager:</b>	Catherine Major
<b>Person in charge of the home at the time of inspection:</b>	Catherine Major
<b>Categories of care:</b>	RC-LD, RC – LD (E)
<b>Number of registered places:</b>	13
<b>Number of residents accommodated on Day of Inspection:</b>	12
<b>Scale of charges (per week):</b>	Trust Rates
<b>Date and type of previous inspection:</b>	Primary Unannounced Care Inspection 14 August 2014
<b>Date and time of inspection:</b>	21 January 2015 9.45am to 1.00pm
<b>Name of Inspector:</b>	Kylie Connor

## **2.0 Introduction**

The Regulation and Quality Improvement Authority (RQIA) is empowered under The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 to inspect residential care homes. A minimum of two inspections per year are required.

This is a report of an unannounced secondary care inspection to assess the quality of services being provided. The report details the extent to which the standards measured during inspection were met.

## **3.0 Purpose of the inspection**

The purpose of this unannounced inspection was to ensure that the service is compliant with relevant regulations and minimum standards and other good practice indicators and to consider whether the service provided to service users was in accordance with their assessed needs and preferences. This was achieved through a process of analysis and evaluation of available evidence.

RQIA not only seeks to ensure that compliance with regulations and standards is met but also aims to use inspection to support providers in improving the quality of services. For this reason, inspection involves in-depth examination of an identified number of aspects of service provision.

The aims of the inspection were to examine the policies, procedures, practices and monitoring arrangements for the provision of residential care homes, and to determine the provider's compliance with the following:

- The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003
- The Residential Care Homes Regulations (Northern Ireland) 2005
- The Department of Health, Social Services and Public Safety's (DHSSPS) Residential Care Homes Minimum Standards (2011)

Other published standards which guide best practice may also be referenced during the inspection process.

## **4.0 Methods/Process**

Specific methods/processes used in this inspection include the following:

- Discussion with the registered manager
- Examination of records
- Observation of care delivery and care practice
- Discussion with staff
- Consultation with residents individually and observation of others in groups
- Inspection of the premises
- Evaluation of findings and feedback

## 5.0 Inspection focus

The inspection sought to assess progress with the issues raised during and since the previous inspection.

The inspector has rated the home's Compliance Level against each criterion and also against the standard. The table below sets out the definitions that RQIA has used to categorise the home's performance:

<b>Guidance - Compliance statements</b>		
<b>Compliance statement</b>	<b>Definition</b>	<b>Resulting Action in Inspection Report</b>
<b>0 - Not applicable</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>1 - Unlikely to become compliant</b>		A reason must be clearly stated in the assessment contained within the inspection report.
<b>2 - Not compliant</b>	Compliance could not be demonstrated by the date of the inspection.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>3 - Moving towards compliance</b>	Compliance could not be demonstrated by the date of the inspection. However, the service could demonstrate a convincing plan for full compliance by the end of the Inspection year.	In most situations this will result in a requirement or recommendation being made within the inspection report.
<b>4 - Substantially Compliant</b>	Arrangements for compliance were demonstrated during the inspection. However, appropriate systems for regular monitoring, review and revision are not yet in place.	In most situations this will result in a recommendation, or in some circumstances a requirement, being made within the inspection report.
<b>5 - Compliant</b>	Arrangements for compliance were demonstrated during the inspection. There are appropriate systems in place for regular monitoring, review and any necessary revisions to be undertaken.	In most situations this will result in an area of good practice being identified and comment being made within the inspection report.

## 6.0 Profile of service

611 Ormeau Road Residential Care Home is situated three miles from Belfast City centre on a main road. The home is convenient to local facilities, public transport and a shopping centre.

The residential home is owned and operated by Belfast Health and Social Care Trust. The current registered manager is Catherine Major who has been registered with the Authority from December 2005.

Accommodation for residents is provided in single bedrooms in a two storey detached home. There are two communal lounges, three bedrooms, a dining room, kitchen, laundry and an office located on the ground floor. Communal toilet/bathroom facilities are located throughout the home. Access to the first floor is via a passenger lift and stairs where ten bedrooms and an office are located.

The home is registered to provide care for a maximum of thirteen persons and the home currently accommodates eleven permanent beds and two respite beds which may vary according to need under the following categories of care:

### **Residential care**

LD	Learning Disability
LD (E)	Learning Disability – over 65 years

## 7.0 Summary of inspection

This secondary unannounced care inspection of 611 Ormeau Road was undertaken by Kylie Connor on 21 January 2015 between the hours of 9.45am and 1.00pm. Catherine Major, Registered Manager was available during the inspection and for verbal feedback at the conclusion of the inspection. Anne Campbell, Operations Manager also attended for feedback at the conclusion of the inspection.

The two requirements and seven recommendations made as a result of the previous inspection were examined. There was evidence that the home has addressed two requirements and six recommendations. One recommendation was stated for the second time as a result of the secondary unannounced care inspection. Details can be found in the main body of the report and the attached Quality Improvement Plan (QIP).

During the inspection the inspector met with residents and staff and discussed the day to day arrangements in relation to the conduct of the home and the standard of care provided to residents. The inspector observed care practice, reviewed a selection of records and carried out a general inspection of the residential care home environment.

In discussion with residents they indicated that that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. Staff indicated that they were supported in their respective roles. Staff confirmed that they are provided with the relevant resources and training to undertake their respective duties.

The areas of the environment viewed by the inspector presented as clean, organised, adequately heated and fresh smelling throughout. Décor and furnishings were found to be of a good standard.

The inspector would like to thank the residents and staff for their assistance and co-operation throughout the inspection process.

**8.0 Follow-up on the requirements and recommendations issued as a result of the previous inspection on 14 August 2014**

NO.	REGULATION REF.	REQUIREMENTS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	30 (1) 14 (6) (Section 10.6 and 10.7 of the report refers)	<p>The registered person shall give notice to the Regulation and Improvement Authority without delay of the occurrence of -</p> <ul style="list-style-type: none"> <li>- any serious injury to a resident in the home;</li> <li>- any event in the home which adversely affects the care, health, welfare or safety of any resident;</li> </ul> <p>On any occasion on which a resident is subject to restraint, the registered person shall record on the resident's care plan the circumstances and nature of the restraint. These details should also be reported to the Regulation and Improvement Authority as soon as is practicable.</p> <ul style="list-style-type: none"> <li>• Review the system to audit accidents and incidents to ensure RQIA is informed of all occasions when residents choke, when medical attention is sought and when restraint is used. Retrospective notification should be made.</li> </ul>	Review of accident and incident records and discussions with the registered manager and staff confirmed that this is addressed.	Compliant

2	27 (4) (a) (f) (Section 11.10 of the report refers)	<p>The registered person shall -</p> <p>have in place a current written risk assessment and fire management plan that is revised and actioned when necessary or whenever the fire risk has changed;</p> <p>to ensure, by means of fire drills and practices at suitable intervals, that the persons working at the home and, so far as practicable, residents, are aware of the procedure to be followed in case of fire, including the procedure for saving life.</p> <ul style="list-style-type: none"> <li>• The remaining items identified for attention in the action plan for this fire risk assessment should be addressed. All items should be signed off by the registered manager and confirmation of progress should be forwarded to the estates inspector</li> <li>• Portable heaters should not be used in the home. This issue should be reviewed and actioned</li> <li>• Day and night time fire drills should be completed without delay</li> <li>• The fire safety training records should be reviewed and updated</li> </ul>	Review of the fire action plan dated 21 August 2014, staff training records, discussion with and information from with the registered manager confirmed this is addressed.	Compliant
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NO.	MINIMUM STANDARD REF.	RECOMMENDATIONS	ACTION TAKEN - AS CONFIRMED DURING THIS INSPECTION	INSPECTOR'S VALIDATION OF COMPLIANCE
1	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 resident's care plan.	The registered manager and operations manager confirmed that the organisation is reviewing this policy and procedure and it is currently in draft. This is not addressed.	Moving towards compliant
2	13.1	The responsible person should develop a policy and procedure on the provision of activities and events.	Review of a local procedure dated 1 October 2014 confirmed this is addressed.	Compliant
3	13.5	The responsible person should review and improve the provision of activity equipment.	Discussion with residents and staff confirmed that this is addressed.	Compliant
4	13.9	The responsible person should ensure appropriate consents in regard to photography and other forms of media in place.	Discussion with the registered manager and review of a number of consents to photography evidenced this is addressed.	Compliant
5	17	The responsible person should ensure that all expressions of dissatisfaction in regard to the respite service or other residents are recorded and actioned in accordance with the complaints policy and procedure.	Discussion with the registered manager, staff, residents and review of the complaints record evidenced that there have been no complaints since the previous inspection and staff are knowledgeable in what is required. This is addressed	Compliant

6	27.3	<p>Furniture, fittings and any equipment or mobility aids in areas accessed by residents are positioned to take into account the mobility and overall needs of the residents, including those with sensory impairments.</p> <ul style="list-style-type: none"> <li>The responsible person should ensure that the furniture in the identified bedroom is made good and all others are reviewed; that a non-slip surface and grab-rail is provided in the new shower.</li> </ul>	<p>Discussion with the registered manager, an identified resident and observation of the identified furniture confirmed that repairs had been made and that within the last few weeks a request for new repairs to be made has been actioned. A non-slip surface and grab-rail were observed to be in place. This is addressed.</p>	Compliant
7	11.1 (section 9.0 of the report refers)	<p>The registered manager should ensure that the home participates in review meetings organised by the referring Trust responsible for the resident's placement in the home. This refers to the need for the involvement of staff from the community learning disability team in organising and facilitating the meetings</p>	<p>Discussion with the registered manager, staff and examination of one resident's records evidenced that this is addressed.</p>	Compliant

## **9.0 ADDITIONAL AREAS EXAMINED**

### **9.1 Resident's consultation**

The inspector met with five residents individually and observed coffee time. In accordance with their capabilities, all residents expressed that they were happy and content with their life in the home, with the facilities and services provided and their relationship with staff. No concerns were expressed or indicated.

### **9.2 Staff consultation**

The inspector spoke with two staff members, the registered manager and operations manager. Discussion with staff identified that they felt well supported in their respective roles, had been provided with training and are provided with the relevant resources to undertake their duties. Staff demonstrated awareness and knowledge of the needs of individual residents and appeared to have a high level of commitment to caring for the resident group. The inspector advised the registered manager and operations manager to contact RQIA registration team regarding a variation in relation to changes to the facility.

Comments received included:

- "We report (anything which needs fixed) as soon as we see anything."
- "Everything is great."
- "We have the bus more often, every single weekend, we can get them out more often."

### **9.3 Environment**

The inspector viewed the home both alone and with the registered manager and inspected a number of residents' bedrooms and communal areas. The areas of the environment viewed presented as clean, organised, adequately heated and fresh smelling throughout. Residents' bedrooms were observed to be homely and personalised. Décor and furnishings were found to be of good standard.

## **10.0 Quality Improvement Plan**

The details of the Quality Improvement Plan appended to this report were discussed with Catherine Major as part of the inspection process.

The timescales for completion commence from the date of inspection.

The registered provider/manager is required to record comments on the Quality Improvement Plan.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

Enquiries relating to this report should be addressed to:

**Kylie Connor**  
**The Regulation and Quality Improvement Authority**  
**9th Floor**  
**Riverside Tower**  
**5 Lanyon Place**  
**Belfast**  
**BT1 3BT**



## Quality Improvement Plan

### Secondary Unannounced Care Inspection

611 Ormeau Road

21 January 2015

The areas where the service needs to improve, as identified during this inspection visit, are detailed in the inspection report and Quality Improvement Plan.

The specific actions set out in the Quality Improvement Plan were discussed with Catherine Major, Registered Manager during or after the inspection visit.

Any matters that require completion within 28 days of the inspection visit have also been set out in separate correspondence to the registered persons.

**Registered providers / managers should note that failure to comply with regulations may lead to further enforcement and/or prosecution action as set out in The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.**

It is the responsibility of the registered provider / manager to ensure that all requirements and recommendations contained within the Quality Improvement Plan 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 your premises. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

**Recommendations**

**These recommendations are based on The Residential Care Homes Minimum Standards (2008), research or recognised sources. They promote current good practice and if adopted by the Registered Person may enhance service, quality and delivery.**

No.	Minimum Standard Reference	Recommendations	Number Of Times Stated	Details Of Action Taken By Registered Person(S)	Timescale
1	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 resident's care plan.	Two	<p>The Community Residential and Supported Living Services for Learning Disability have issued Guidelines on the Use of Physical interventions on 01/02/15 which includes:-</p> <ol style="list-style-type: none"> <li>1. The Recording processes necessary if a Physical intervention has been used. This includes notification to RQIA using a form 1a and follow up using 1b as appropriate.</li> <li>2. The processes for drawing up behavioural and care plans with the support of the behaviour support , psychology community and day service teams.</li> </ol>	31 March 2015

Please complete the following table to demonstrate that this Quality Improvement Plan has been completed by the registered manager and approved by the responsible person / identified responsible person:

<b>NAME OF REGISTERED MANAGER COMPLETING QIP</b>	Catherine Major
<b>NAME OF RESPONSIBLE PERSON / IDENTIFIED RESPONSIBLE PERSON APPROVING QIP</b>	Martin Dillon

<b>QIP Position Based on Comments from Registered Persons</b>	<b>Yes</b>	<b>Inspector</b>	<b>Date</b>
Response assessed by inspector as acceptable	X	K.Connor	20/3/15
Further information requested from provider			