

Inspection Report

21 & 24 August 2023



611 Ormeau Road

Type of Service: Residential Care Home
Address: 611 Ormeau Road, Belfast BT7 3JD
Tel no: 028 9504 0583

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

Organisation: Belfast HSC Trust Responsible Individual: Dr Catherine Jack	Registered Manager: Ms Charlene McLaughlin – not registered
Person in charge at the time of inspection: Ms Charlene McLaughlin, manager	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: 10
Brief description of the accommodation/how the service operates: <p>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.</p> <p>Residents have access to communal lounges, bathrooms, a dining room and an enclosed garden area.</p>	

2.0 Inspection summary

An unannounced inspection took place on 21 August 2023, from 9.45 am to 5 pm by a care inspector and on 24 August 2023 from 11.15 am to 1.30 pm by a finance inspector.

This inspection assessed progress with all areas for improvement identified in the home at 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.

Residents were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. It was evident that staff promoted the dignity and well-being of residents; staff were observed spending time with residents, chatting to them and completing daily living tasks in a respectful and pleasant manner.

Residents told us that they were happy in 611 Ormeau Road and spoke highly of the staff in the home.

Staff told us that 611 Ormeau road was a good place to work, there was a good sense of teamwork and that the manager was approachable and supportive.

Specific comments received from residents and staff are included in the main body of this report.

Staff provided care in a compassionate manner; they were respectful in all their interactions both with residents and each other. Staff were knowledgeable with regards to the residents' assessed needs and preferences. For example, staff were observed adapting their communication style in order to meet the needs of residents who had specific communication difficulties throughout the day.

New areas requiring improvement were identified in relation to staff recruitment, the updating of care records and the accessibility of call bells.

With regards to finance, six areas identified within Section 5.2.6 of this report will be reviewed at the next RQIA inspection.

RQIA were sufficiently assured that the delivery of care and service provided in 611 Ormeau Road was safe and compassionate and that the home was well led.

The findings of this report will provide the 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 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.

In relation to finance a sample of residents' financial records were reviewed which included; records of transactions, residents' written agreements, bank statements, records of residents' financial arrangements and residents' personal property. Controls surrounding the management of residents' monies and property were also reviewed.

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

Residents told us that they were happy in 611 Ormeau Road and described the staff as 'great'. Residents' comments included, "the staff are good, I really like them", and "I like it here, the staff help me out."

Staff told us, "we are very well supported," and "I love working here, there is a great sense of teamwork."

A record of compliments received about the home was kept and shared with the staff team; this is good practice. One compliment received thanked staff in the home for "caring so well."

No additional feedback was provided by residents, relatives 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 23 rd November 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 14 (2) (a) (c) Stated: First time	The registered person shall ensure that all staff are made aware of their responsibility to recognise potential risks and hazards to resident and others and how to report, reduce or eliminate the hazard.	Met
	Action taken as confirmed during the inspection: This area for improvement was met.	
Area for improvement 2 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.	Met

	<p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. 	
	<p>Action taken as confirmed during the inspection: This area for improvement was met.</p>	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
<p>Area for improvement 1</p> <p>Ref: Standard 27</p> <p>Stated: Second time</p>	<p>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.</p>	Met
	<p>Action taken as confirmed during the inspection: This area for improvement has been met.</p>	
<p>Area for improvement 2</p> <p>Ref: Standard 9.3</p> <p>Stated: First time</p>	<p>The registered person shall ensure residents are appropriately monitored following a fall. Accurate records should be maintained to evidence actions taken following falls. Residents risk assessments and care plans should be reviewed following each fall. Staff should comment on the status/wellbeing of the resident following the fall in daily evaluation records.</p>	Met
	<p>Action taken as confirmed during the inspection: This area for improvement was met.</p>	
<p>Area for improvement 3</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall review the dining experience to ensure it is in keeping with this care standard.</p>	Met
	<p>Action taken as confirmed during the inspection: This area for improvement was met.</p>	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. The manager told us that staff are recruited through a central system, however, there was no evidence of a checklist to ensure manager oversight of the recruitment process. This was discussed with the management team during feedback who agreed to address this issue. An area for improvement was identified.

There were systems in place to monitor staffs' registrations with the Northern Ireland Social Care Council (NISCC). Records in the home confirmed that staff were either registered with NISCC or in the process of registering.

There were systems in place to ensure that staff were trained and supported to do their job. Staff demonstrated good knowledge of their roles and responsibilities regarding Adult Safeguarding, Infection Control and Dysphagia.

The staff duty rota accurately reflected the staff working in the home on a daily basis including the capacity in which they worked. 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 way and to provide residents with a choice on how they wished to spend their day. For example, one resident was supported to make contact with her family via a video call, while other residents were supported to attend their day care preferences. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

Staff said there was good teamwork and that they felt well supported in their role, were satisfied with the training arrangements and with the level of communication between staff and management. One member of staff told us, "I love working here, the residents' are very important to us."

One resident said "the staff here are very good, I like them."

5.2.2 Care Delivery and Record Keeping

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Observation of practice, review of care records and discussion with staff and residents established that 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.

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.

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, the atmosphere was calm, relaxed 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.

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 choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. The menu for the day was on display and staff confirmed that choices for meals were always offered.

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.

A review of care records indicated that some information was missing from the care plans reviewed, for example; one resident's care plan was in need of updating with regards to a recent health diagnosis, while a further two care plans needed to be updated with regards to Deprivation of Liberty Safeguards (DoLS). This was discussed with the manager for review and action. An area for improvement was identified.

Residents' individual likes and preferences were reflected throughout the records.

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. 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

The home was clean, tidy and well maintained. Residents' bedrooms were personalised with photographs and other items or memorabilia.

Bedrooms and communal areas were well decorated, suitably furnished, and comfortable. However, wardrobes in all bedrooms had not been re-secured to the walls after bedrooms had been decorated. This was discussed with the manager for immediate action. Evidence was provided post inspection that all wardrobes had been secured to the walls, therefore an area for improvement was not identified at this time.

Corridors were clean and free from clutter or hazards. Fire doors were unobstructed and areas containing items with potential to cause harm such as the cleaning store and sluice room were appropriately secured.

Communal lounges and the dining room were welcoming and comfortable spaces for residents to spend time in.

It was observed that, in residents' bedrooms, there was no call bell system in place for residents and staff to summon assistance if and when required. The manager discussed how this was managed and said that staff routinely carried out regular observations to ensure that all residents were safe and well. The lack of a suitable call bell system throughout the home was brought to the attention of the senior manager during feedback for information and appropriate action. An area for improvement was identified.

Residents said the home was kept clean and tidy and did not express any concerns regarding summoning assistance when needed.

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. The most recent fire risk assessment was carried out on 11 August 2023, the manager is in the process of addressing any actions highlighted.

There was evidence that systems and processes were in place to ensure the management of risks associated with the spread of infection. For example, there was ample supply of Personal Protective Equipment (PPE) positioned throughout the home. Review of records confirmed that training on infection prevention and control (IPC) measures and the use of PPE had been provided for staff.

Staff were observed using PPE in accordance with the regional guidance. When asked staff showed good knowledge of their responsibilities with regards to IPC. Staff took the opportunity to demonstrate hand hygiene measures at the appropriate times, for example, both before and during the lunch time meal and after contact with each resident.

5.2.4 Quality of Life for Residents

Discussion with residents confirmed that they were able to choose how they spent their day. One resident told us that they were going out to the shops and then out for a meal. Residents confirmed that staff supported them to take part in activities they enjoyed and preferred such as shopping and gardening.

It was observed that staff offered choices to residents throughout the day which included where they preferred to spend their time, food and drink options and whether to join in activities or not. A review of resident meetings minutes confirmed that residents were consulted on the types of activities they preferred and food options.

The activities provided were meaningful and catered for all residents depending on individual needs and preferences. Activities included bowling, walks, going out to dinner and various other bus trips.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Ms Charlene McLaughlin has been the Manager in this home since 22 March 2022. Ms McLaughlin confirmed her intention to apply to register with RQIA as the manager of 611 Ormeau Road.

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.

There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents.

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 evidence that the Manager ensured that complaints were managed correctly and that good records were maintained.

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 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.

5.2.6 Finance Inspection

A safe place was provided within the home for the retention of residents' monies and valuables. There were satisfactory controls around the physical location of the safe place and the members of staff with access to it. A review of a sample of records of residents' monies showed that the records were up to date during the inspection on 24 August 2023.

Valuables and other personal items, including bank cards, were held in the safe place on behalf of a number of residents. Although records of the items were available, the inspector could not identify which residents the items belonged to. No records were available to show when the bank cards were removed and returned to the home. The findings were discussed with the manager who agreed to implement a system for recording the items in order to facilitate the audit process. This system will be reviewed at the next RQIA inspection.

A sample of records evidenced good practice as reconciliations (checks) of monies held on behalf of residents were undertaken twice daily. The records of the reconciliations were signed by the member of staff undertaking the reconciliation and countersigned by a senior member of staff.

Discussions with staff confirmed that residents' valuables and other items were reconciled on a monthly basis. There were no records available to confirm that the reconciliations had taken place. The manager provided assurances that the reconciliations will be recorded and retained following the inspection on 24 August 2023. This procedure will be reviewed at the next RQIA inspection.

Discussion with staff confirmed that the Health and Social Care Trust (the Trust) was the corporate appointee for six residents, namely an organisation authorised by the Department for Communities to receive and manage the social security benefits on behalf of an individual.

A sample of records of one resident's monies forwarded to the home from the Trust was reviewed. The amounts recorded as received on behalf of the resident reflected the amounts on the records from the Trust.

Two residents' finance files were reviewed; written agreements were retained within both files. The agreements showed the current weekly fee paid by, or on behalf of, the residents. A list of services provided to residents as part of their weekly fee was also included in the agreements. Both agreements were signed by the resident, or their representative, and a representative from the home.

The inspector commended staff for retaining financial support plans with the residents' agreements. The plans provided details of the residents' financial arrangements including the details for the Trust acting as corporate appointee.

One resident's plan showed that the manager supported the resident when using the resident's bank card. Authorisation from the Office of Care and Protection (OCP) for staff to manage the resident's bank account was retained within the resident's file. It was noticed however, that the staff named in the authorised document were the previous manager and deputy manager of the home. The manager provided evidence that they are currently in discussions with the Trust regarding the financial arrangements for the resident. The inspector asked for RQIA to be informed of the progress and outcome of the discussions. The arrangements will be reviewed again at the next RQIA inspection.

A sample of records of withdrawals from the resident's bank account was reviewed, the amounts withdrawn reflected the amounts recorded as lodged at the home. It was noticed that the bank statements from the resident's account had been reconciled up to June 2023. The manager provided assurances that this procedure would continue following the inspection on 24 August. This procedure will be reviewed at the next RQIA inspection.

A review of a sample of purchases undertaken on behalf of two residents showed that the records were up to date. Two signatures were recorded against each entry in the residents' records and receipts from the transactions were retained for inspection.

A sample of two residents' files evidenced that property records were in place for both residents. The records were updated when additional items were brought into the residents' rooms following admission. There was no recorded evidence to show that the personal possessions were checked at least quarterly. The manager provided assurances that a system for recording the reconciliation of residents' personal possessions would be implemented following the inspection on 24 August 2023. The manager was advised to ensure that the full details of the items were recorded, for example, type and make of television owned by the resident. This will be reviewed at the next RQIA inspection.

Discussion with staff confirmed that policies and procedures for the management and control of residents' finances and property were available for inspection. The policies were not reviewed during the inspection on 24 August 2023. The manager was advised to ensure that the policies covered all operational areas in relation to residents' finances and property. The policies will be reviewed at the next RQIA inspection.

Discussion with staff confirmed that no transport scheme was in place at the time of the inspection.

No finance related areas for improvement were identified during the inspection on 24 August 2023.

6.0 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 the Residential Care Homes' Minimum Standards (December 2022) (Version 1:2)

	Regulations	Standards
Total number of Areas for Improvement	1	2

Areas for improvement and details of the Quality Improvement Plan were discussed with the 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 13 (1) (a)(b) Stated: First time To be completed by:	The registered person shall ensure that a suitable call bell system is installed throughout the home in order that staff and residents can appropriately summon assistance if and when required. Ref: 5.2.3

Immediate action required	<p>Response by registered person detailing the actions taken:</p> <p>The registered manager has sourced and is procuring a suitable call bell system. Installation throughout the home will ensure staff and residents can summon assistance as required.</p> <p>The call system is approved and the registered manager is progressing procurement, installation and training for use.</p>
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)	
<p>Area for improvement 1</p> <p>Ref: Standard 19</p> <p>Stated: First time</p> <p>To be completed by: From date of inspection</p>	<p>The registered person shall ensure that the pre-employment checklist held in the home contains conformation that the following has been completed;</p> <ul style="list-style-type: none"> • Employment history has been recorded • Reason for leaving has been recorded • Any gaps in employment have been addressed • Date of Access NI completion to be recorded on checklist. <p>Ref 5.2.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered manager has devised a checklist ensuring pre-employment checks are recorded and held within the service. The checklist includes employment history, inclusive of addressing any gaps, reason/s for leaving past employment and date of Access NI check to ensure resident safety.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6.6</p> <p>Stated: First time</p> <p>To be completed by: From date of inspection</p>	<p>The registered person shall ensure that all care plans are kept under review and amended as changes occur to accurately reflect the needs of the residents.</p> <p>Ref: 5.2.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered manager has reviewed and updated all care plans. These are amended as changes occur, accurately reflecting the needs of residents.</p>

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