

# Inspection Report

**23 November 2022**



## 611 Ormeau Road

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

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

<b>Organisation:</b> Belfast HSC Trust  <b>Responsible Individual:</b> Dr Catherine Jack	<b>Registered Manager:</b> Ms Charlene McLaughlin – not registered
<b>Person in charge at the time of inspection:</b> Ms Charlene McLaughlin – acting manager	<b>Number of registered places:</b> 13
<b>Categories of care:</b> Residential Care (RC) LD – Learning disability LD(E) – Learning disability – over 65 years.	<b>Number of residents accommodated in the residential care home on the day of this inspection:</b> 10
<b>Brief description of the accommodation/how the service operates:</b> 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.	

## 2.0 Inspection summary

An unannounced inspection took place on 11 August 2022 from 9.35am to 4.10pm by a care inspector. The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Areas requiring improvement were identified during this inspection and are discussed within the main body of the report and in Section 6.0. Review of areas for improvement from the previous care inspection noted that two were met while a further two were partially met. One area for improvement that was partially met has been uplifted into an area for improvement under the regulations; a further area for improvement which was partially met has been stated for a second time.

Residents were happy to engage with the inspector and share their experiences of living in the home. Residents expressed positive opinions about the home and the care provided. Residents said that staff members were helpful and pleasant in their interactions with them.

RQIA were assured that the delivery of care and service provided in 611 Ormeau Road was provided in a compassionate manner by staff who knew and understood the needs of the residents.

The findings of this report will provide the manager 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 residents and staff were asked for their opinion on the quality of the care and their experience of living or working in 611 Ormeau Road. 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.

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 findings of the inspection were provided to the manager at the conclusion of the inspection.

### **4.0 What people told us about the service**

Residents spoke positively about the care that they received and about their interactions with staff. Residents confirmed that staff treated them with dignity and respect and that they would have no issues in raising any concerns with staff. One resident told us, "I like it here, I have made new friends" while another resident said, "I have lived here a long time. I am happy here and the staff help me."

Staff spoken with said that 611 Ormeau Road was a good place to work. Staff commented positively about the manager and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

No questionnaires were returned by residents or relatives and no responses were received from the staff online survey.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last care inspection?

Areas for improvement from the last inspection on 08 November 2022		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Regulation 27(2)(c) <b>Stated:</b> First time	The registered person shall ensure the repair or replacement of one broken baths and a broken bath lift.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Observation of the environment evidenced this area for improvement was met.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)		Validation of compliance
<b>Area for Improvement 1</b> <b>Ref:</b> Standard 9.2 and 9.6 <b>Stated:</b> First time	All staff shall ensure that at all times; residents have access to and are wearing their own footwear.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence that this area for improvement was met.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 27 <b>Stated:</b> First time	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.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence of some improvement against this area for improvement. For example, the home had been painted since the last inspection and a refurbishment plan was shared with RQIA. However, handrails in the home required painting or replacing along with an identified radiator cover. This is discussed further in section 5.2.3.  This area for improvement was partially met is stated for a second time.	

<b>Area for improvement 3</b>  <b>Ref:</b> Standard 28.3  <b>Stated:</b> First time	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.	<b>Partially met</b>
	<b>Action taken as confirmed during the inspection:</b> There was evidence of some improvement against this area for improvement. For example, there was good compliance with infection prevention and control (IPC) training along with ongoing personal protective equipment (PPE) audits.  However, discussion with staff and observation of staff practice highlighted shortfalls in staff knowledge and practice. Additional IPC deficits were identified. This is discussed further in section 5.2.3.  This area for improvement has been subsumed into a new area for improvement under the regulations.	

## 5.2 Inspection findings

### 5.2.1 Staffing Arrangements

Staff told us they were provided with a comprehensive induction programme to prepare them for providing care to patients. Review of agency staff induction records confirmed systems were in place to orientate them to the home. Checks were made to ensure that staff maintained their registrations with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected the staff working in the home on a daily basis. The manager agreed to review the rota to ensure it clearly identifies the person in charge when the manager was not on duty and also reflects the capacity in which the manager's hours are worked.

There were systems in place to ensure that staff were trained and supported to do their job. Staff consulted with confirmed that they received regular training in a range of topics such as moving and handling, infection prevention and control (IPC) and fire safety.

Review of staff training records confirmed that all staff members were required to complete adult safeguarding training on an annual basis. Staff members were able to correctly describe their roles and responsibilities regarding adult safeguarding.

Staff said they felt supported in their role and were satisfied with the level of communication between staff and management. Staff reported good team work and had no concerns regarding the staffing levels.

Residents spoke positively about the care that they received and confirmed that staff attended to them in a timely manner. Residents said that they would have no issue with raising any concerns to staff. It was observed that staff responded to residents' requests for assistance in a prompt, caring and compassionate manner.

### **5.2.2 Care Delivery and Record Keeping**

Staff members were knowledgeable of individual residents' needs, their daily routine, wishes and preferences. Staff recognised and responded to residents' needs, 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. It was observed that staff members were adept at comforting and reassuring residents who became distressed or anxious.

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.

If a resident had an accident or a fall, a detailed report was completed. Review of a resident's care records identified that staff had responded correctly to support the resident but some inconsistencies were noted in the records kept to evidence monitoring of the resident following a fall. In addition, the residents care plan and risk assessments were not consistently updated following a fall. Details were discussed with the manager who agreed to implement a post fall monitoring tool and ensure staff comment on the status of the resident in daily evaluation records.

Consideration should be given to reviewing the current falls policy to ensure staff manage falls consistently and in keeping with best practice guidance. 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.

Staff told us they made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed. Residents spoke positively in relation to the quality of the meals provided.

Discussion with staff and review of records confirmed residents were consulted regarding their meal preferences although no records were retained on menu planning with catering staff. A three week rotation menu was in place however, it did not clearly evidence that a variety of choice was available, particularly during the evening meal. Both staff and residents said if residents did not want what was on the menu an alternative meal would be provided.



It was noted that a menu was not displayed in a suitable format and in a suitable location and variations to the planned menu were not recorded. In addition, no records were available for review to determine whether the diet for each resident was satisfactory. This was discussed with the manager who agreed to review the dining experience to ensure the above areas are addressed. An area for improvement was identified.

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. There was evidence that care records were audited on a quarterly basis although it was not clear that they were reviewed to ensure they accurately reflected the needs of the residents. This was discussed with the manager who agreed to review the current systems to ensure care plans and risk assessments evidence they have been reviewed on a regular basis. This will be reviewed at a future care inspection.

Daily records were kept of how each resident spent their day and the care and support provided by staff; these records were person centred. It was noted that on occasions some staff did not consistently record the time their daily evaluation records were made. This was discussed with the manager who agreed to meet with staff and ensure contemporaneous recording is maintained.

### **5.2.3 Management of the Environment and Infection Prevention and Control**

Examination of the home's environment evidenced the home was warm and comfortable. Residents' bedrooms had been decorated to a good standard and were personalised with items important to residents.

Good progress had been made in addressing the signs of wear and tear identified at the previous care inspection. However, chipped and worn paint was still visible on hand rails throughout the home. RQIA were previously given assurances that the handrails would be replaced by April 2022. This was discussed with the manager who confirmed these works had been delayed. Correspondence received from the manager following the inspection confirmed handrails had been ordered and would be installed as soon as they are delivered. To ensure these works are completed, an area for improvement identified at the previous care inspection is stated for a second time.

A number of bedrooms were observed to be missing some equipment which included bedside lighting, a table top facility and a wash hand basin. In addition, some rooms required disposable soap dispensers. This was discussed with the manager who agreed to audit the bedrooms in the home to ensure all resident equipment is available in keeping with standard E26 of the Residential Care Homes Minimum Standards 2011. This will be reviewed at a future care inspection.

Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Shortfalls were identified in regard to the effective management of potential risk to residents' health and wellbeing; this included inappropriate supervision and storage of cleaning chemicals and an unlocked door to the electrical services room. This was discussed with identified staff who ensured that the risks were reduced or removed immediately.

Assurances were provided by the manager that management of risks to residents will be discussed with staff and actively monitored. An area for improvement was identified.

Fire safety measures were in place to ensure that residents, staff and visitors to the home were safe. Staff members were aware of their training in these areas and how to respond to any concerns or risks. A fire risk assessment had been completed on 8 July 2022. All actions identified by the fire risk assessor had been addressed by the manager.

Staff were aware of the systems and processes that were in place to ensure the management of risks associated with COVID-19 infection and other infectious diseases. Any outbreak of infection was reported to the Public Health Authority (PHA).

There were laminated posters displayed throughout the home to remind staff of good hand washing procedures. Posters regarding the correct method for applying and removing of personal protective equipment (PPE) did not appear to be frequently displayed at PPE stations. There was an adequate supply of PPE although hand sanitisers were not readily available throughout the home. This was discussed with the manager who agreed to display additional posters and review the availability of hand sanitisers.

Discussion with staff confirmed that training on IPC measures and the use of PPE had been provided. Some staff members were observed to carry out hand hygiene at appropriate times and to use PPE correctly; other staff did not. Some staff members were not familiar with the correct procedure for the donning and doffing of PPE, while other staff members were not bare below the elbow. This was discussed with the manager who agreed to have the IPC team in the Belfast Health and Social Care Trust visit the home and offer additional supports. An area for improvement stated at the previous care inspection has been subsumed in a new area for improvement under the regulations.

#### **5.2.4 Quality of Life for Residents**

Discussion with residents confirmed that they were able to choose how they spent their day. Some residents told us they enjoyed going to the day centre during the week.

Residents were observed enjoying listening to music and watching TV, while others enjoyed a visit from a visiting professional. One resident said, "I enjoy going to the day centre and playing on the iPad".

Although many of the residents attend a day centre, there was no evidence that planned activities were being delivered for residents within the home outside of these hours. An activity planner was not displayed in the home. Staff told us that they would try to deliver activities when they could but these were not planned or allocated on the staff duty rota. Activities should be planned and delivered in the home to ensure that residents have a meaningful and fulfilled day.

This was discussed with the manager who agreed to review provision of activities in the home. Given these assurances and to allow time for activity provision to be reviewed additional areas for improvement were not identified on this occasion. This will be reviewed at a future care inspection.



### 5.2.5 Management and Governance Arrangements

Staff members 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 has been a change in the management of the home since the last inspection. Ms Charlene McLaughlin has been the acting manager since 22 March 2022. RQIA were notified appropriately.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. The quality of the audits was generally good. Shortfalls identified following review of the IPC and care record audits were discussed with the manager who agreed to review how to improve the governance of these areas. This will be reviewed at a future care inspection.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly. Residents said that they knew who to approach if they had a complaint and had confidence that any complaint would be managed well.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

Staff commented positively about the manager and the management team and described them as supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

### 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 (August 2011) (Version 1.1).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2	3*

\*The total number of areas for improvement includes one that has been stated for a second time.

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

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 14 (2) (a) (c)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required (23 November 2022)	<p>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.</p> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            The registered manager ensures all staff are aware of their responsibility to report potential risks and hazards in order to reduce and where possible eliminate risks with an emphasis on COSHH and Health and Safety hazards in the home.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (7)  <b>Stated:</b> First time  <b>To be completed by:</b> Immediate action required (23 November 2022)	<p>The registered person shall ensure the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> <li>• donning and doffing of personal protective equipment</li> <li>• appropriate use of personal protective equipment</li> <li>• staff knowledge and practice regarding hand hygiene.</li> </ul> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b>            The registered manager ensures infection prevention and control matters are managed to minimise the risk and spread of infection. Additional training is provided by the Belfast Health and Social Care Trust to enhance staffs' knowledge and awareness regarding hand hygiene, donning, doffing and personal protective equipment (PPE).</p>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 27  <b>Stated:</b> Second time  <b>To be completed by:</b>	<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> <p>Ref: 5.1 and 5.2.3</p>

23 December 2022	<p><b>Response by registered person detailing the actions taken:</b> The registered manager corresponded with Estates department and has been advised the replacement handrails are ordered. On receipt of delivery they will be installed to complete this outstanding action.</p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 9.3</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> Immediate action required (23 November 2022)</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> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> The registered manager ensures accurate records are maintained and that a "post-falls" monitoring tool is in place. The manager ensures all risk assessments and careplans are reviewed and updated following a fall, in a timely manner, and records clearly reflect the residents' wellbeing. Any concerns on resident's presentation will be actioned with the appropriate professionals.</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 12</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> 23 December 2022</p>	<p>The registered person shall review the dining experience to ensure it is in keeping with this care standard.</p> <p>Ref: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> The registered manager reviews the dining experience and enhances the consultation process with all residents. Records of choices available and residents meal preferences are being maintained in keeping with the care standard.</p>

*\*Please ensure this document is completed in full and returned via Web Portal\**



The Regulation and Quality Improvement Authority

7th Floor, Victoria House  
15-27 Gloucester Street  
Belfast  
BT1 4LS

**Tel** 028 9536 1111

**Email** [info@rqia.org.uk](mailto:info@rqia.org.uk)

**Web** [www.rqia.org.uk](http://www.rqia.org.uk)

 [@RQIANews](https://twitter.com/RQIANews)

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