

# Unannounced Care Inspection Report 22 September 2020



**611 Ormeau Road**

**Type of Service: Residential Care Home (RCH)**

**Address: 611 Ormeau Road, Belfast BT7 3JD**

**Tel no: 028 9504 0583**

**Inspector: Alice McTavish**

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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 residential care home registered to provide care for up to 13 residents who have a learning disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast HSC Trust  <b>Responsible Individual:</b> Catherine Jack	<b>Registered Manager and date registered:</b> Josephine Grant - 4 September 2017
<b>Person in charge at the time of inspection:</b> Josephine Grant	<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 home on the day of this inspection:</b> 10

### 4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DoH) directed RQIA to prioritise inspections to homes on the basis of risk.

The inspection was undertaken on 22 September 2020 between 10.25 and 16.10 hours. The inspection sought to assess progress with issues raised in the previous quality improvement plan (QIP) and to establish if the home provided safe, effective, compassionate and well led care.

The following areas were examined during the inspection:

- staffing
- infection prevention and control (IPC)
- care delivery
- care records
- environment
- governance and management arrangements

Residents said that they enjoyed living in 611 Ormeau Road and that staff treated them with kindness.

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
<b>Total number of areas for improvement</b>	2*	1

\*The total number of areas for improvement includes one against the Regulations which has been carried forward to the next inspection.

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Josephine Grant, manager and Assistant Services Manager, Anne Campbell, who was present for feedback at the conclusion of this inspection. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection
- the returned QIP from the previous care inspection
- the previous care inspection report

During the inspection the inspector met with two residents and two staff. Ten questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also left for staff inviting them to provide feedback to RQIA on-line. 'Tell Us' cards were left to be placed in a prominent position to allow residents' relatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- staff duty rota
- one staff personnel file, including induction and competency and capability assessment
- staff training
- staff meeting minutes
- two residents' records of care
- resident meeting minutes
- a sample of governance audits
- accident/incident records
- a sample of the monthly monitoring reports
- RQIA registration certificate.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as 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 previous inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 16 December 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
<b>Area for improvement 1</b> <b>Ref:</b> Regulation 13(7) <b>Stated:</b> First time	The registered person shall ensure toiletries are removed from shared bathrooms.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the premises established that there were no toiletries present in shared bathrooms.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (7) <b>Stated:</b> First time	The registered person shall ensure that personal protective equipment is removed from shared toilets and bathrooms.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the premises established there was no personal protective equipment present in shared toilets and bathrooms.	
<b>Area for improvement 3</b> <b>Ref:</b> Regulation 27 (2)(c) <b>Stated:</b> First time	The registered person shall ensure the repair or replacement of two broken baths, damaged bathroom flooring and a broken bath lift.	<b>Carried forward to the next care inspection</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager established that the flooring in the bathroom was replaced. Progress in other areas was disrupted due to the COVID-19 pandemic.	

<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 14 (2)(a)(c)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure substances hazardous to health are stored in a locked cupboard including laundry chemicals and cleaning chemicals.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Inspection of the premises established that substances hazardous to health, including laundry and cleaning chemicals, were stored in a locked cupboard.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 30 (c)(d)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure that notifiable events are submitted to RQIA as required: in keeping with regulation.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Inspection of records of accidents and incidents which occurred in the home and cross referencing against information submitted to RQIA established that this area was addressed.</p>	<p><b>Met</b></p>
<p><b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b></p>		<p><b>Validation of compliance</b></p>
<p><b>Area for improvement 1</b></p> <p><b>Ref:</b> Standard 32</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall closely monitor stock control of medicines and discontinued medicines should be promptly disposed of.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the manager and inspection of medication records established that arrangements were in place for the advance ordering of medications and that no medications had been omitted due to lack of stock. Any medication which was due for disposal was kept separately, labelled and regularly collected by the pharmacy.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 31</p> <p><b>Stated:</b> First time</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><b>Met</b></p>

	<p><b>Action taken as confirmed during the inspection:</b> Discussion with the manager and inspection of medications that are prescribed to be administered on a “when required” basis established that these noted dosage intervals and maximum daily dosages.</p>	
<p><b>Area for improvement 3</b> <b>Ref:</b> Standard 6.2 <b>Stated:</b> First time</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><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b> Inspection of care records established that relevant risk assessments, such as bathing and epilepsy, were in place for all residents who require them.</p>	
<p><b>Area for improvement 4</b> <b>Ref:</b> Standard 20.10 <b>Stated:</b> First time</p>	<p>The registered person shall ensure governance audits, such as care plan, falls, infection prevention and control audits, are recommended 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><b>Met</b></p>
	<p><b>Action taken as confirmed during the inspection:</b> Discussion with the manager and review of governance and risk audits established that a robust approach was used to identify and address any deficits.</p>	

## 6.2 Inspection findings

### 6.2.1 Staffing

We could see that the duty rota accurately reflected the staff working in the home. We were able to identify the person in charge in the absence of the manager and the manager’s hours were recorded on the rota.

The manager explained that the staffing levels for the home were safe and appropriate to meet the number and dependency levels of residents accommodated and that staffing levels would be adjusted when needed. We could see that there was enough staff in the home to quickly respond to the needs of the residents and provide the correct level of support.



The staff reported that they all work together for the benefit of the residents. Staff spoken with told us that they felt well supported in their roles and were satisfied with the staffing levels. A member of staff said, "We have great team working here, all staff help each other out and step in to provide cover when it is needed...there is good communication between management and the staff team...our manager is very approachable and supportive. I feel the residents are very well supported and looked after, even with the pressures during the Covid pandemic."

The manager told us that a competency and capability assessment was completed for staff left in charge of the home in the manager's absence. We reviewed the competency and capability assessment of one member of staff and found that this covered all necessary areas.

We reviewed the induction records of a member of staff and saw that this was completed in full and was signed and dated by the person receiving induction and the person providing the induction. Staff reported that their induction was good and it had prepared them to do their jobs well.

We spoke with the manager and staff who advised that staff were provided with supervision on a quarterly basis. This exceeds the Standards and is good practice. Staff also received an annual appraisal. We reviewed the minutes of staff meetings which confirmed that a staff meeting was convened each month and records of those in attendance were maintained. The frequency of staff meetings also exceeds the minimum standards and ensures good communication for the benefit of residents.

Staff training schedules which were reviewed evidenced that mandatory training was being provided for staff and maintained on an ongoing basis. The manager advised that additional training was also provided for staff, if required.

### **6.2.2 Infection prevention and control procedures**

Signage had been erected at the entrance to the home to reflect the current guidance on Covid-19. Anyone entering the home had a temperature and symptom check completed and the temperatures of residents were monitored regularly each day.

The staff had identified changing facilities where they could put on their uniform and the recommended PPE. PPE was readily available and PPE stations were well stocked. Staff told us that sufficient supplies of PPE had been maintained throughout the COVID-19 pandemic. Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We saw that staff used PPE according to the current guidance and carried out hand hygiene at appropriate times.

We noted that a small number of staff had long and painted finger nails and wore jewellery on their hands and wrist. This was not in keeping with good hand hygiene practices and was identified as an area for improvement to comply with the Standards.

Staff reported that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of deep cleaning were maintained along with advice and guidance for domestic staff. We noted that there were small areas on the underside of toilet tissue and hand towel holders in shared bathrooms which had not been thoroughly cleaned. We drew this to the attention of the manager who immediately addressed this issue. We later received written confirmation that these areas were added to the daily cleaning schedule.



The manager described the measures in place to ensure that residents could receive visitors. There were arrangements in place to ensure that the room used for such visits was thoroughly cleansed before and after each visit and all proper precautions by residents, visitors and staff.

### **6.2.3 Care delivery**

We observed that residents looked well cared for; they were well groomed and nicely dressed. It was obvious that staff knew the residents well; they spoke to them kindly and were very attentive. Residents appeared to be content and settled in their surroundings and in their interactions with staff. The atmosphere in the home was calm, relaxed and friendly.

The staff told us that they recognised the importance of maintaining good communication with families whilst visiting had been suspended due to the current pandemic and when visits had been resumed. Staff assisted residents to make phone calls with their families in order to reassure relatives. Arrangements were now in place on an appointment basis to facilitate relatives visiting their loved ones at the home.

Staff advised that residents were no longer able to attend day care and staff supported residents to engage in stimulating and interesting activities, where possible.

### **6.2.4 Care records**

We reviewed the care records of two residents which evidenced that care plans were in place to direct the care required and reflected the assessed needs of the residents. The records were written in a professional manner and used language which was respectful of residents.

There was evidence within care records of care plans and associated risk assessments being completed and reviewed on a regular basis. Care plans were updated to reflect recommendations from the multi-disciplinary team and current guidance relevant to their assessed needs, for example, recommendations from the speech and language therapist (SALT) or dieticians were included. Risk assessments including the management of falls were also present, where necessary.

We found there was evidence of residents being consulted and included in planning their own care. We saw that information was provided to residents in large print and easy read versions and that residents had signed and dated the information, for example, there was information about COVID-19, how to make a complaint and human rights. This tells us that residents are valued and are placed at the centre of their own care. This is good practice.

Review of the progress notes confirmed that staff maintained a record of treatment provided in the home along with the outcomes of such treatment. Care records evidenced that staff took prompt and responsive action when meeting residents' needs, as required.

### **6.2.5 Environment**

An inspection of the internal environment was undertaken; this included a number of bedrooms, accessible bathrooms, lounges, the dining room and storage areas.

Residents' bedrooms were found to be personalised with items of memorabilia and special interests. All areas within the home were observed to be odour free and clean. Walkways throughout the home were kept clear and free from obstruction.

The manager advised that there plans in place for a major programme of refurbishment, but this was on hold due to the current pandemic.

### **6.2.6 Governance and management arrangements**

There was a clear management structure within the home and the manager was available throughout the inspection process. The manager retained oversight of all aspects of the running of the home. All staff and residents spoken with commented positively about the manager who was described as supportive and approachable.

A system of audits was in place in the home which covered all necessary areas such as the management of IPC, the environment and PPE compliance among staff. Where there were areas for improvement identified, actions plans were in place with associated timeframes for completion.

The manager and the Assistant Services Manager described how the trust had activated an enhanced system of governance throughout the COVID-19 pandemic. This was designed to ensure that the home had the correct equipment and guidance to prevent an infectious outbreak, also that residents and staff were effectively supported. This involved daily and weekly meetings with senior trust management.

We looked at the reports of the visits by the registered provider and saw that two visits were not completed early in the pandemic. Although we were assured that there was no reduction in the levels of governance within the home, it remained necessary to prepare a written report on a monthly basis and make this available in the home. This was identified as an area for improvement to comply with the Regulations.

### **6.2.7 Consultation with residents**

Nine questionnaires were completed and returned to RQIA. All residents indicated a high level of satisfaction with the care and services provided in 611 Ormeau Road. Residents made the following comments:

- “I wish COVID was over!”
- “I like my key worker. I miss my mummy and I can’t get out enough now.”
- “The staff are very kind, they are nice to me.”
- “It is a good place to live in. I like the staff.”
- “611 is a nice place. Happy, happy, happy. I like the food – it’s lovely.”
- “I love this place, it is good. The staff help me.”

### **Areas of good practice**

Evidence of good practice was found in relation to maintaining residents’ dignity and privacy. We observed friendly, supportive and caring interactions by staff towards residents and we were assured that there was compassionate care delivered in the home.

## Areas for improvement

Two new areas for improvement were identified during this inspection. One related to hand hygiene practices and one related to monthly visits by the registered provider.

	Regulations	Standards
<b>Total number of areas for improvement</b>	1	1

### 6.3 Conclusion

Throughout this inspection we saw evidence of residents being treated with respect, kindness and good humour. We saw that residents were comfortable and contented in a clean and well equipped home. We saw good practice in relation to the efforts by staff to provide meaningful occupation for residents who could not leave the home due to the current restrictions; we also saw how relatives were supported to have visits with residents in a safe way.

### 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 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.

<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 27 (2)(c) <b>Stated:</b> First time <b>To be completed by:</b> 31 March 2020	<p>The registered person shall ensure the repair or replacement of two broken baths and a broken bath lift.</p> <p>Ref: 6.1</p> <p><b>Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this will be carried forward to the next care inspection.</b></p>
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 29 (4) (c) <b>Stated:</b> First time <b>To be completed by:</b> Immediate and ongoing	<p>The registered person shall ensure that a visit by the registered provider takes place at least once a month; a written report on the conduct of the home is prepared and made available in the home.</p> <p>Ref: 6.2.6</p> <p><b>Response by registered person detailing the actions taken:</b>            The registered manager will ensure a monthly monitoring visit is undertaken in the home and a written report is available to review.</p>
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>	
<b>Area for improvement 1</b> <b>Ref:</b> Standard 35.1 <b>Stated:</b> First time <b>To be completed by:</b> Immediate and ongoing	<p>The registered person shall ensure that effective infection prevention and control measures are implemented, specifically in relation to hand hygiene.</p> <p>Ref: 6.2.2</p> <p><b>Response by registered person detailing the actions taken:</b>            The registered manager will ensure effective infection, prevention and control measures are implemented in the home. The registered manager has liaised with PCSS manager and discussed hand hygiene measures to ensure a consistent approach for all staff entering the home. This has been communicated to all staff.</p>

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



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