



Unannounced Care Inspection Report

22 June 2019



611 Ormeau Road

Type of Service: Residential Care Home
Address: 611 Ormeau Road, Belfast, BT7 3JD
Tel No: 028 9069 1197
Inspector: Marie-Claire Quinn

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, standards and best practice.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

1.0 What we look for



2.0 Profile of service

This is a registered residential care home which provides care for up to 13 residents who are living with a learning disability.

3.0 Service details

Organisation/Registered Provider: Belfast HSC Trust Responsible Individual: Martin Joseph Dillon	Registered Manager and date registered: Marian Lawther Acting – No application required
Person in charge at the time of inspection: Ruth Hill, senior care assistant until 13.30 hours. Anne-Marie Seawright, senior care assistant from 13.30 hours. Marian Lawther, acting manager also chose to join the inspection until 15.00 hours.	Number of registered places: 13
Categories of care: Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	Total number of residents in the residential care home on the day of this inspection: 7

4.0 Inspection summary

An unannounced care inspection took place on 22 June 2019 from 11.40 to 16.15 hours. This inspection was undertaken by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home during and since the last care inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the homely and relaxed environment, staffing, planning and delivery of person-centred care, the relationships between residents, staff and management, culture and ethos in the home and activities provision.

Areas requiring improvement were identified in relation to staff's competency and capability assessments, the provision of Wi-Fi, responding to residents' suggestions, written records of consent and residents' meetings.

Residents described living in the home as being a good experience. Residents who chose not to speak to the inspector or who were unable to clearly voice their opinions were seen to be at ease and comfortable in their surroundings and in their interactions with staff.

Comments received from residents and staff during the inspection, are included in the main body of this report.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, enhance practice and residents' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	*3

*The total number of areas for improvement includes two standards which have been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Marian Lawther, manager as part of the inspection process. Further feedback was provided to Charlene McLaughlin, deputy manager, following the inspection. The timescales for completion commence from the date of inspection.

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

4.2 Action/enforcement taken following the most recent inspection dated 1 November 2018

The most recent inspection of the home was an unannounced care inspection undertaken on 1 November 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

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

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No responses were received within the agreed time frame.

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

- the care records of three residents
- annual satisfaction questionnaires from residents, relatives and staff
- minutes of residents meetings dated 7 April, 6 May, and 7 June 2019
- monthly monitoring reports dated 30 January, 27 February, 28 March, 29 April 2019
- competency and capability assessments for four senior care staff
- staff supervision schedule (provided post-inspection)

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 outstanding areas for improvement from previous inspection(s)

Areas of improvement identified at previous care inspection have been reviewed. Of the four areas for improvement, two were met and two were partially met and have been included in the QIP at the back of this report.

6.2 Inspection findings

6.3 Is care safe?

Avoiding and preventing harm to residents and clients from the care, treatment and support that is intended to help them.

There was a calm and relaxed atmosphere upon entering the home. Several residents had gone out for the day or were staying with family over the weekend. Those residents still in the home appeared content and confirmed they were happy in the home:

- “I like it. I get a lie in on Saturday. I’m going out with staff today.”
- “Staff are nice, I like Frankie.” (Staff on duty).
- “I’m looking forward to my fry!”

Staffing levels on the day of inspection appeared adequate to meet the needs of the residents. No concerns regarding staffing levels were raised by residents or staff. The home requests the same staff if bank or agency staff are required to ensure consistency for residents.

The person in charge outlined the mechanisms for ensuring that any staff employed in the home were suitable to work with the residents. This included Northern Ireland Social Care Council (NISCC) registration, Access NI checks and induction for staff including agency. It was positive to note that staff requested the inspector’s photographic identification before permitting them access to the home. Following the inspection, the home confirmed arrangements for staff supervision and annual appraisal, which were acceptable. Review of

competency and capability assessments were unsatisfactory as they did not include clear, individualised action plans for staff. This has been stated as an area of improvement.

The home was clean, tidy and appropriately heated. There were no obvious hazards in the home. Staff confirmed they had received fire safety training. Residents' rooms were personalised, reflecting their personalities and interests. For instance, one bedroom was Minions themed. Some residents kept the key to their room if they preferred.

Pictorial signage was now in place in the home, for bathrooms, lounges and respite bedrooms. This had been stated as an area of improvement at the previous care inspection. Discussion with the deputy manager following the inspection identified that this was a temporary arrangement as more permanent signage had been ordered. This area for improvement has been met.

Staff presented with knowledge and understanding of adult safeguarding policy and procedures. Staff stated that any potential, suspected or actual incidents are discussed with the relevant team to determine the most appropriate action. We discussed how to improve the system of recording this, as one care record did not fully reflect how the home had managed one incident.

Staff were positive about working in the home:

- "It's great working here; it's a home from home for residents. They all love each other to bits."
- "There's enough staff and we get lots on at the weekends so the residents can go out."

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the homely, relaxed atmosphere and staffing.

Areas for improvement

One area for improvement was identified within this domain during the inspection. This was in relation to competency and capability assessments.

	Regulations	Standards
Total number of areas for improvement	1	0

6.4 Is care effective?

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

We saw lovely rapport between staff and residents. Residents appeared comfortable around staff, at ease laughing and joking with them. Staff responded to residents' in a prompt, friendly and cheerful manner. Staff were positive about the care provided in the home:

- "Everyone is an individual, everyone has their own personalities, and we get to know them well."

- “We make sure to create a lovely atmosphere: it’s relaxed and there’s lots of choice for the residents’...When we have residents meetings, everyone gets to speak and everyone has their say.”
- “Everyone knows their roles and we work together. We know what needs done.”
- “I like to be organised, get my paperwork done to spend time with residents, which is the priority.”

We observed the staff handover. Staff presented with excellent knowledge of residents needs and preferences, and were aware of any changes in residents’ presentation and how to address this.

Staff confirmed that they implemented a range of verbal and non-verbal communication with residents. During discussion with staff, it was established that one resident had previously used an online application to communicate; however they have been unable to use this in the home due to the lack of Wi-Fi. Staff were clear that they are able to use alternative methods to effectively communicate with this resident. Staff also reported that the home’s management had escalated this request to the trust but no definitive time frame had been identified. It is disappointing to see that residents still did not have Wi-Fi access in the home, despite this having been requested in November 2018, and that this is limiting how residents’ can communicate. An area for improvement has been made under regulation to ensure that the home addresses this.

Care records were person centred and individualised to the resident. It was positive to note how care plans included clear and comprehensive detail on residents’ independent living skills, and how staff can support residents to maintain and improve these. Care plans were also provided in easy read format, and there was evidence that these had been completed with residents and/or relatives. One care record required review as some documentation was incomplete; however overall, care records were satisfactory.

On Saturdays, residents enjoy a fry for their lunch time meal, which is popular. Residents were provided with a good choice of food for their fry, and staff ate along with residents, contributing to the family style atmosphere in the home. Residents were also looking forward to their Saturday night takeaway, and spent time discussing their choices with staff. Residents confirmed they were happy with the food provided in the home.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the planning and delivery of person-centred care in the home.

Areas for improvement

One new area for improvement was identified during the inspection in relation to the provision of Wi-Fi access to further enable appropriate communication facilities in the home.

	Regulations	Standards
Total number of areas for improvement	1	0

6.5 Is care compassionate?

Patients and clients are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

Residents were enabled and encouraged to engage in activities which were important to them. One resident proudly told me how they help staff empty the dishwasher and set up the breakfast trolley as they like helping. Another resident enjoys walking to a local shopping centre several times a day, and staff stated “we were over the moon to see her walking again” after an injury. Another resident enjoys regular trips with staff to the area where they grew up, and loves talking about their childhood experiences. We also spoke with a resident who loves gardening and staff in the home support him to grow flowers and vegetables in the garden. Residents were also supported in their expression of their sexual and gender identity. On the day of inspection, additional staff were on duty in order to facilitate those residents who wished to attend Learning Disability Pride in Carrickfergus.

Staff outlined the activities provided in the home:

- “We rent out the bus and go on trips along the coast, or go for a walk on the beach, or go to Bangor and have lunch.”
- “We plan ahead. We’re looking at holidays and outings at the end of August, when places are less busy. We got new swings in the garden, and we’re waiting on new picnic tables and chairs as the residents love sitting outside.”

Review of several care records confirmed that written consents were in place and had been signed by residents and/or their relatives. This included consent to photography, videography and RQIA’s access to records. However, consent records did not identify the purpose and use of photography. This had been stated as an area for improvement at the previous care inspection and therefore has only been partially met and is stated for a second time.

We reviewed the minutes of the most recent residents meetings, which had been stated as an area of improvement at the previous care inspection. Some clear improvements had been made, as there was now a protocol in place to guide staff. Residents were also positive about the care provided in the home, and “delighted” that transport had been arranged at weekends to facilitate outings. While the majority of required improvements had been made, there was inconsistent evidence that resident’s had agreed to and signed these minutes. This area for improvement has therefore been partially met, and is stated for a second time.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the culture and ethos in the home and activities provision.

Areas for improvement

There were no new areas for improvement identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.6 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The home's manager is currently on an extended period of leave. Staff were positive about the interim management arrangements in the home, describing both the acting and deputy managers as supportive, approachable and effective:

- "Team work is good. We all get on really well....Charlene (deputy manager) has not been here long, but she has certainly stepped up to the mark." (In the manager's absence).
- "This is the best place I've ever worked. Everyone gets along, there's great team work. It's easy to approach anyone you work with. Charlene (deputy manager) has been great."

We reviewed the monthly monitoring reports, which had been stated as an area of improvement at the previous care inspection. This confirmed that the identified improvements had been made. This area for improvement has been met.

The home collected feedback from residents, relatives and staff through annual satisfaction surveys. Respondents reported they were very satisfied with the care provided in the home, and that residents were empowered and offered choices. Residents did raise the gender mix of staff; this was also raised by staff during the inspection. The gender mix of residents has changed however there is currently only one male staff member. Although male residents have confirmed they are content for female staff members to support them with personal care, it would be best practice for residents to have additional choice in this. This was discussed with the deputy manager following the inspection and the home may consider this during future recruitment drives.

When we reviewed the minutes of residents' meetings, we identified that action plans did not include clear time frames on when actions would be completed. Some issues identified in the previous inspection had been actioned, including the provision of bedroom keys for those residents who requested this; however, Wi-Fi was still unavailable in the home seven months later and continued to be requested by residents'. We feel that this should be addressed in response to residents' suggestions. An area for improvement has been made regarding this.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to management arrangements and working relationships in the home.

Areas for improvement

An area for improvement was identified during the inspection in relation to ensuring that residents suggestions are responded to. This is specifically in relation to the provision of Wi-Fi.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Details of the Quality Improvement Plan (QIP) were discussed with Marian Lawther, manager as part of the inspection process. Further feedback was provided to Charlene McLaughlin, deputy manager, following the inspection. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

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

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005 and the DHSSPS Residential Care Homes Minimum Standards, August 2011.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 18. – (2) (a) Stated: First time To be completed by: 22 August 2019	<p>The registered person shall provide appropriate communication facilities in the home. This is in relation to Wi-Fi access which will enable residents to access online communication tools.</p> <p>Ref: 6.4</p> <p>Response by registered person detailing the actions taken: In response to this area of improvement, the registered person has contacted the ICT department, they visited 611 Ormeau Road to access and measure the facility for Wi-Fi equipment on 7th August 2019.</p> <p>The facility has been placed on the waiting list for installation.</p>
Area for improvement 2 Ref: Regulation 20. – (3) Stated: First time To be completed by: ongoing	<p>The registered person shall carry out a competency and capability assessment with any person who is given the responsibility of being in charge of the home for any period of time in their absence. This should be accurate and individualised.</p> <p>Ref: 6.3</p> <p>Response by registered person detailing the actions taken: In response to this area of improvement, the registered manager will carry out a competency and capability assessment with all staff who carry the responsibility of being in charge of the home.</p> <p>The staff assessments will be accurate and individualised.</p> <p>The assessments will be completed by 30th September 2019 and reviewed on a yearly basis and more often if necessary.</p>
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011	
Area for improvement 1 Ref: Standard 1.5 Stated: Second time To be completed by: 22 July 2019	<p>The registered person shall ensure that the minutes of residents' meetings contain clear action plans which include time frames and that minutes are signed by residents to confirm their attendance and agreement.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: In response to this area of improvement, the registered manager will ensure that the minutes of the residents' meetings detail action plans and timeframes and are signed by the residents attending the meeting.</p> <p>A residents' meeting was held on 11/08/2019 and minutes are available for inspection.</p>

<p>Area for improvement 2</p> <p>Ref: Standard 7.4</p> <p>Stated: Second time</p> <p>To be completed by: 22 July 2019</p>	<p>The registered person shall ensure that written consents include information on how photographs or videos of residents may be used.</p> <p>Ref: 6.5</p> <p>Response by registered person detailing the actions taken: In response to this area of improvement new consent forms have been devised, these clearly state how photographs or videos of residents may be used.</p> <p>These have being discussed with each resident and signed to state their wishes.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 1.4</p> <p>Stated: First time</p> <p>To be completed by: 22 September 2019</p>	<p>The registered person shall ensure that suggestions made regarding improvements and issues raised by residents and their representatives regarding the quality of services and facilities provided are listened and responded to. This is specifically in relation to residents' requests for Wi-Fi access in the home.</p> <p>Ref: 6.6</p> <p>Response by registered person detailing the actions taken: In response to this area of improvement, the registered manager addresses the issues which arise from the residents and their families/representatives.</p> <p>In relation to Wi-Fi, the registered manager has requested Wi-fi and the initial works have been completed. 611 Ormeau Road is on the ICT waiting list for Wi-Fi installation.</p> <p>This information has been shared with all residents.</p>

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



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