

Unannounced Care Inspection Report 10 November 2020



Malone

Type of Service: Residential Care Home
Address: 188 Upper Malone Road, Belfast BT17 9JZ
Tel no: 028 9061 1745
Inspector: Alice McTavish

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 28 residents.

3.0 Service details

Organisation/Registered Provider: Malone Residential Home Responsible Individual: Kevin McKinney	Registered Manager and date registered: Julie-Ann Russell, 31 July 2015
Person in charge at the time of inspection: Julie-Ann Russell	Number of registered places: 28
Categories of care: Residential Care (RC) I - Old age not falling within any other category DE – Dementia PH - Physical disability other than sensory impairment	Number of residents accommodated in the residential home on the day of this inspection: 21

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.

This unannounced care inspection took place on 10 November 2020 between 10.15 and 16.20 hours. The inspection sought to assess progress with issues raised in the previous quality improvement plan (QIP) and to establish if the home was providing safe, effective, compassionate and well led care.

The following areas were examined during the inspection:

- Infection prevention and control (IPC) practices including the use of Personal Protective Equipment (PPE)
- the internal environment
- staffing arrangements
- care delivery
- care records
- governance and management arrangements.

Residents said that they received good care and enjoyed living in the home.

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	1	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Julie-Ann Russell, manager, as part of the inspection process. 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:

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

During the inspection the inspector met with eight residents, two care staff and the cook. Ten questionnaires were left in the home to obtain feedback from residents and residents' representatives. A poster was also displayed for staff inviting them to provide feedback to RQIA on-line. The inspector provided the assistant manager with 'Tell Us' cards for distribution to residents' relatives so that they might give feedback to RQIA regarding the quality of service provision.

The following records were examined during the inspection:

- duty rotas
- staff recruitment and induction
- staff training
- staff supervision and appraisal
- staff registrations with professional body
- competency and capability assessments for senior staff left in charge of the home in the absence of the manager
- a selection of quality assurance audits
- compliments records
- incident and accident records
- two residents' care records.

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 care inspection on 12 December 2019.

The most recent inspection of the home was an unannounced care inspection undertaken on 12 December 2019. No further actions were required to be taken following the most recent inspection.

Areas for improvement from the last care inspection		
Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011		Validation of compliance
Area for improvement 1 Ref: Standard 27.1 Stated: Second time	The registered person shall ensure the following: <ul style="list-style-type: none"> • All external railings on the first floor are repainted. • Fire escapes are repainted. • The sluice room is tidied. • Bathrooms receive regular high dusting. • The undersides of toilet frames are cleaned daily. • The rail on the main staircase is cleaned regularly. 	Met
	Action taken as confirmed during the inspection: Inspection of the premises confirmed these areas were addressed.	

6.2 Inspection findings

6.2.1 Infection prevention and control (IPC) practices including the use of Personal Protective Equipment (PPE)

Signage had been erected at the entrance to the home to reflect the current guidance on Covid-19. Staff told us that anyone entering the home had a temperature check completed; all staff had their temperature recorded twice during each working shift and residents had their temperature monitored twice daily.

There was a dedicated room for staff to don and doff the correct PPE before commencing duties. PPE was readily available and PPE stations throughout the home were well stocked. Staff told us that sufficient supplies of PPE had been maintained throughout the Covid-19 outbreak.

Hand sanitiser was in plentiful supply and was conveniently placed throughout the home. We observed that staff carried out hand hygiene at appropriate times. We saw that all staff wore PPE in accordance with the guidance.

The manager and care staff told us that an enhanced cleaning schedule was in operation and that deep cleaning was carried out, as necessary. Records of cleaning were maintained along with advice and guidance for domestic staff.

6.2.2 The internal environment

An inspection of the internal environment was undertaken; this included examination of bedrooms, en-suite bathrooms, shared bathrooms, the lounge, conservatory and the dining area.

Residents' bedrooms were found to be personalised with items of memorabilia and special interests. Furniture and soft furnishings were of good quality. The home was decorated to a high standard, was well ventilated and comfortable. All areas within the home were observed to be odour free and clean. Walkways throughout the home were kept clear and free from obstruction.

We saw that residents had access to an enclosed garden area and were able to enjoy being outside.

6.2.3 Staffing arrangements

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.

We reviewed the recruitment records of two recently employed members of staff. We saw that all necessary checks were completed to ensure that staff were safe to work in the home. We saw that the manager had a system in place to ensure that staff were correctly registered with their regulatory body, the Northern Ireland Social Care Council (NISCC).

The manager explained that the staffing levels for the home were planned in line with 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 worked 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. Staff said that there was good team working, there was effective communication between staff and management and they received regular supervision from the manager. Staff also had an annual appraisal.

We found that staff competency and capability assessments were completed for staff left in charge of the home when the manager was not on duty. We reviewed the records of mandatory training and saw that there was a system in place to ensure training was kept up to date. We also saw that additional training was also provided for staff, if required.

6.2.4 Care delivery

We observed that residents looked well cared for; they were well groomed and nicely dressed. It was evident that staff knew the residents well; staff 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.

Some comments made by residents included:

- “I like it here... the staff are kind and very courteous and they’re always around to help, if I need it. I have a call bell in my room, although I’ve only had to use it once, and the staff came to me immediately...my room is very comfortable and I’m able to get a good night’s sleep.”
- “The girls (staff) couldn’t do enough for me!”
- “The staff are always around, they’re great.”
- “I like it here...it’s great fun being with other people.”
- “The staff are so very kind, I do feel safe here, but I also miss having visitors; I know that it’s because of this awful virus, but it’s hard to deal with...but I am able to talk to my family on the phone, and I really enjoy that.”
- “The staff here have great patience, I don’t know how they do it!”

Eight residents completed and returned questionnaires to RQIA. All indicated that they were satisfied or very satisfied with all areas of the care and services provided in Malone. Some comments included:

- “It is the staff that makes the place, I am so happy here.”
- “All the staff are lovely and I am very happy in here.”
- “I appreciate I have ended up in such a perfect home at my advanced age.”
- “I am very pleased with it all.”
- “Very happy and pleased to be living here.”
- “Everything here is good. All my dietary requirements are met and to a high standard.”
- “I always like hot food and I am always respected of this.”

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. The care staff assisted residents to make phone calls or use technology with their families in order to reassure relatives.

We observed the serving of the main meal and found this to be a pleasant and unhurried experience for residents. The dining room was bright with tables attractively laid. The choices of meals were displayed on the menu board. The food smelled appetising, was attractively presented and portions were generous. There was a variety of drinks available for residents. We saw that staff were helpful and attentive to residents, encouraging and assisting residents where necessary. We saw that all tables and seats were thoroughly cleansed after the meal.

We spoke with the chef who advised that he had experience working in a care setting and had been informed of residents’ individual dietary preferences and needs.

6.2.5 Care records

We reviewed the care files of two residents which evidenced that detailed, comprehensive care plans were in place to direct the care required. 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. We saw that residents had an individualised care plan relating to health monitoring arrangements and this was shared with residents' representatives. This represented 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.

6.2.6 Governance and management arrangements

There was a clear management structure within the home. Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

We looked at the arrangements to provide staff with regular supervision and an annual appraisal. We saw that there were firm plans in place for all staff to have two supervisions and an annual appraisal before the end of the year.

There was a system of audits which covered areas such falls. This helped to ensure that the management team had effective oversight of care delivery to residents. We examined the records of accidents and incidents which occurred in the home and found that these were appropriately managed and reported.

We discussed the system in place to manage complaints with the manager; we were assured that that the management viewed complaints as an opportunity to learn and improve and that complaints would be managed appropriately. We could see that compliments were received by the home. An example of one compliment was: "To all the staff at Malone, I would like to thank you all so much for the special care you give to my lovely (relative) in these sad times. Please take care."

We discussed the system of governance of the home with the manager who reported that the responsible person normally used a consultant to complete the monthly visits on his behalf; the consultant also prepared a report on these visits. Since the onset of the Covid-19 pandemic, the responsible person had been in the home on a daily basis and ensured that there was appropriate oversight of the management of the home. Whilst we were assured that there was no reduction in the level of governance, it remained necessary to prepare a written report on a monthly basis and have this available in the home. This was identified as an area for improvement.

Areas of good practice

We saw evidence that the home was being maintained in a high degree of cleanliness and that staff wore the correct PPE. We saw good practice in the care records in relation to specific care plans for the monitoring of health of residents.

Areas for improvement

One area for improvement was identified. This was in relation to the completion of the reports of the monthly visits by the registered provider.

	Regulations	Standards
Total number of areas for improvement	1	0

6.3 Conclusion

Throughout the inspection, residents within the home were attended to by staff in a prompt and respectful manner. The environment was clean and tidy and staff took all necessary IPC precautions. Feedback from the eight residents who responded to the questionnaire evidenced that they were satisfied or very satisfied with all aspects of care and services provided in Malone. We were assured that the care provided in Malone was safe, effective, compassionate and well led.

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Julie-Ann Russell, 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.

Quality Improvement Plan

Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005

<p>Area for improvement 1</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: 31 December 2020</p>	<p>The registered person shall ensure that a visit by the registered provider is carried out at least once a month and a report written on the conduct of the home is prepared. A copy of the report should be maintained in the home.</p> <p>Ref: 6.2.6</p>
	<p>Response by registered person detailing the actions taken: Due to the current restrictions a Regulation 29 report will be completed remotely and a copy of the completed report will be maintained in the Home.</p>

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



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