

Inspection Report

15 August 2023



Malone

Type of service: Residential Care Home
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Assurance, Challenge and Improvement in Health and Social Care

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1.0 Service information

<p>Organisation/Registered Provider: Malone Residential Home</p> <p>Responsible Individual: Mr Kevin McKinney</p>	<p>Registered Manager: Mrs Julie-Ann Russell</p> <p>Date registered: 31 July 2015</p>
<p>Person in charge at the time of inspection: Mrs Julie-Ann Russell</p>	<p>Number of registered places: 28</p> <p>A maximum of three persons accommodated in category RC-PH (under 65 years). Maximum of 10 persons in RC-DE category of care</p>
<p>Categories of care: Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. PH – Physical disability other than sensory impairment.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 25</p>
<p>Brief description of the accommodation/how the service operates: This home is a registered residential care home which provides health and social care for up to 28 residents. Residents bedrooms are located over both floors in the home. The lounge, dining room and conservatory are located on the ground floor. The home has a large garden with a raised patio area.</p>	

2.0 Inspection summary

An unannounced inspection took place on 15 August 2023 from 9.35 am to 4.45 pm. The inspection was carried out by a care inspector.

The inspection assessed progress with all areas for improvement identified in the home since 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 said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Staff were seen to treat the residents with compassion and respect. It was observed that there were sufficient numbers of staff on duty to provide the residents with the assistance they needed in a timely manner.

Areas requiring improvement identified during the inspection are discussed in the main body of the report.

RQIA were assured that the delivery of care and service provided in the home was safe, effective, 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.

To prepare for this inspection we reviewed information held by RQIA about this home. This included the previous areas for improvement issued, registration information, and any other written or verbal information received from residents, relatives, staff or the Commissioning Trust.

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 and how staff went about their work was observed.

A range of documents were examined to determine that effective systems were in place to manage the home.

The findings of the inspection were discussed with the manager at the conclusion of the inspection.

4.0 What people told us about the service

Residents spoke in positive terms about life in the home; they said the staff were helpful and friendly, they felt well looked after and they got to choose what to do. Comments made by residents included that "they are very good", "they leave you to do what you want which is good", "I have no complaints at all and I have been here a long time so I should know" and "the staff are very helpful".

Staff said they were satisfied with staffing levels, felt well supported and enjoyed working in the home. Comments made by staff included that “teamwork is very good”, “the manager is very approachable” and “I very much enjoy working here”.

A record of compliments received about the home was kept and shared with the staff team, this is good practice. Thank you cards were on display.

Following the inspection three completed questionnaires were returned by relatives who indicated that they were very satisfied with all aspects of care provided. Relatives commented that staff “go beyond the call of duty” which resulted in their loved one being “in high spirits, content and comfortable” and that “care is delivered with dignity and respect”.

Comments made by residents, staff and relatives were brought to the attention of the manager for information.

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 25 July 2023		
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (4) Stated: Second time	The registered person shall ensure the controlled drug record book is accurately maintained.	Carried forward to the next inspection
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December) (Version 1:2)		Validation of compliance
Area for improvement 1 Ref: Standard 24.2 Stated: First time	The registered person shall ensure that staff are provided with recorded individual, formal supervision no less than every six months or more frequently if required.	Met
	Action taken as confirmed during the inspection: Review of records of supervision and the schedule in place provided evidence that this area for improvement was met.	

Area for improvement 2 Ref: Standard 6 Stated: First time	The registered person shall ensure that care plans are person centred and reflect the current identified needs of the individual resident.	Met
	Action taken as confirmed during the inspection: Review of care records provided evidence that this area for improvement was met.	
Area for improvement 3 Ref: Standard 6 Stated: First time	The registered person shall ensure that where pressure relieving equipment is recommended and in use relevant care plans are developed and kept under review.	Not met
	Action taken as confirmed during the inspection: This area for improvement was not met and has been stated for the second time. See section 5.2.2 for more details.	
Area for improvement 4 Ref: Standard 35 Stated: First time	The registered person shall ensure that: <ul style="list-style-type: none"> • the cleaning of soap dispensers routinely includes the underside of the dispensers. • toiletries are stored in appropriate storage areas such as vanity units and are not left cluttered on sinks or on windowsills. 	Partially met
	Action taken as confirmed during the inspection: This area for improvement was partially met and has been subsumed into a new area for improvement. See section 5.2.3 for more details.	

5.2 Inspection findings

5.2.1 Staffing Arrangements

Safe staffing begins at the point of recruitment. There was evidence that a robust system was in place to ensure staff were recruited correctly to protect residents.

There were systems in place to ensure staff were trained and supported to do their job.

There was a system in place to monitor that staff were registered, or in the process of registering, 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 duty rota identified the person in charge when the manager was not on duty.

Staff who take charge in the home in the absence of the manager had completed competency and capability assessments.

Review of schedules in place for staff supervisions and records of supervisions evidenced that these were being provided no less than every six months.

Staff said that they were satisfied with staffing levels and that teamwork was good.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way. Residents said that there were enough staff on duty to help them.

5.2.2 Care Delivery and Record Keeping

Staff confirmed that they met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable regarding the residents' needs, daily routines and preferences. Residents' care records were held safely and confidentially.

Care plans had been developed in a timely manner for a resident who had recently been admitted to the home but various risk assessments had not been completed and/or fully completed. The outcome of risk assessments should be used to inform relevant and up to date care planning. An area for improvement was identified.

Care records included evidence of consultation with residents, and their relatives, where appropriate, in planning their own care. Advice or directions from other healthcare professionals was included in the assessments and care plans which were regularly reviewed by staff. Residents' individual likes and preferences were reflected throughout the records.

It was observed that staff respected residents' privacy by knocking on doors and seeking permission before entering bathrooms or bedrooms.

Residents who are less able to mobilise, or who are at increased risk of pressure damage, can require the use of pressure relieving equipment. However, a care plan had not been developed for a resident who had a pressure relieving mattress in use. This area for improvement was not met and has been stated for the second time.

Discussion with the manager and review of records identified that staff had completed mandatory training in Deprivation of Liberty Safeguards (DoLS) and restrictive practices. The home had a keypad and fob system in situ for entry and exit. However, the keypad number was not readily available for residents. All the residents had a care plan in place regarding the home's locked door/keypad policy which stated that they could only leave the home accompanied by staff or a relative. Staff were very unclear as to whether or not this was a restrictive practice. Staff were unsure as to whether or not they would, or should, provide residents with the keypad number if they asked for it. The need to ensure that residents' freedom of movement is promoted and is not inappropriately restricted was discussed with the

manager and an area for improvement was identified. It was also stressed that, in order to be able to promote freedom of movement for residents, staff should have a full understanding of what constitutes a restrictive practice; an area for improvement was also identified regarding this.

Staff were aware of which residents had a DoLS in place. Information on the DoLS and when these were due for review was available for individual residents.

Where a resident was at risk of falling, measures to reduce this risk were put in place. Relevant risk assessments and care plans had been developed and these were appropriately updated in the event of a fall occurring.

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.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Staff assisted residents into the dining room and ensured they were comfortably seated for their meal. Residents who preferred to eat in their own rooms had their meals attractively presented on trays.

The dining experience was an opportunity for residents to socialise and the atmosphere was calm, relaxed and unhurried. The menu was on display and there was a choice of meals and drinks offered. A 'safety pause' was implemented to ensure residents requiring a modified or specialist diet received the correct diet and a senior carer oversaw the mealtime. The food was attractively presented and smelled appetising. Staff were observed to provide residents with the range of support they needed with meals. Most residents were independent in this area but staff provided encouragement and/or assistance to those who needed this.

Staff told us how they were made aware of residents' nutritional needs to ensure they received the correct consistency of diet as recommended by the Dietician and Speech and Language Therapist (SALT).

There was evidence that residents' weights were checked at least monthly to monitor weight loss or gain. If required, records were kept of what residents had to eat and drink daily.

Residents were offered regular hot and cold drinks and snacks throughout the day; home baked scones were served mid-morning and a selection of attractively presented fresh fruit was served in the afternoon.

Residents said that the food was "very good" and "lovely". After lunch residents were very complimentary about the meal, especially the soup, which they declared to be "delicious".

5.2.3 Management of the Environment and Infection Prevention and Control

Residents' bedrooms were attractively personalised with items that were important to them, such as, photographs, ornaments, cushions and flowers. The lounge, dining room and conservatory were light, bright and comfortable spaces for the residents. Corridors and fire exits were clear of clutter and obstruction.

Bedrooms were seen to be in generally good decorative order and the manager said that redecoration was completed as rooms were vacated. However, several areas in the home showed signs of wear and tear, for example, the stair carpet was worn in places, roller blinds in the lounge were frayed at the edges and the painted surface of various skirting boards, hand rails and doors was chipped. It was established that the home did not have a formal plan in place with a timeframe for completion of required redecoration/refurbishment; an area for improvement was identified.

Various environmental issues were observed which included the need for high level dusting in areas; more effective cleaning of hand sanitiser dispensers; more effective cleaning of windowsills; carpet stain treatments. Review of the duty rota identified that the home did not currently have a housekeeper on duty on a daily basis. These issues were brought to the attention of the manager for information and appropriate action. An area for improvement was identified.

It was positive to see that residents' toiletries were being stored in appropriate areas. However, several liquid soap dispensers were still observed to have a build-up of soap on the underside. This area for improvement was partially met and effective cleaning of hand soap dispensers has been subsumed into the area identified for improvement above.

Both sluice rooms were cluttered and untidy and various items had been left on the floors of both rooms. An area for improvement was identified. There was evidence of a leak in one sluice room; this was brought to the attention of the manager for information and appropriate action. Following the inspection, the manager confirmed that the source of the leak had been identified and this had been repaired.

Review of records, observation of practice and discussion with staff confirmed that training on infection prevention and control (IPC) measures and the use of personal protective equipment (PPE) had been provided.

Staff were observed to carry out hand hygiene at appropriate times and to use PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager and records were kept.

Residents did not raise any concerns about the environment and said that they found the home to be clean and tidy.

5.2.4 Quality of Life for Residents

The atmosphere throughout the home was warm, welcoming and friendly. Discussion with residents confirmed that they were able to choose how they spent their day. It was observed that staff offered residents choices throughout the day which included where and how they wished to spend their time, what they would like to eat and drink and if they wanted to take part in planned activities or not.

The activity schedule was on display in the dining room and included options such as arts and crafts, jigsaws, exercises, knitting, games, manicures and playing musical instruments. Residents' birthdays and seasonal holidays were celebrated. Meaningful and individualised records of activities were maintained for residents.

A group knitting activity was seen to be aimed at all levels of ability from beginners to experts. The activity therapist said that it was very interesting to see that during the activity residents would often reminisce about knitting for their children and grandchildren.

Residents were able to help out with gardening and some enjoyed feeding the birds; sunhats and sun cream were available for sunny days on the patio.

Entertainers were booked to come in and sing to the residents three times a month. A hairdresser came in once a week.

The activity therapist said that she liaised with various community groups to ensure that the residents had a wide range of options available, for example, a World War II memory box was being loaned to the home for two weeks, many of the residents had an interest in that era.

Staff were seen to treat the residents with respect and kindness and to be attentive to their needs.

Residents said that they felt listened to by staff and were confident that any concerns they raised would be dealt with.

Residents spoke in positive terms about daily life and the activities on offer. Comments included that "there's things to do if you want", "I like to read my paper, that keeps me busy and sometimes I do the activities if I want" and "I spend my day doing what I want".

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Julie-Ann Russell has been the Registered Manager in this home since 31 July 2015. 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 system of auditing was in place to monitor the quality of care and other services provided to residents. However, environmental IPC audits rarely identified deficits or included an action plan. This was brought to the attention of the manager for information and appropriate action and an area for improvement was identified.

There was a system in place to manage complaints. The manager told us that complaints were seen as an opportunity for the team to learn and improve.

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 adults at risk of harm.

It was established that the manager had a system in place to monitor accidents and incidents that happened in the home. Accidents and incidents were notified, if required, to residents' next of kin, their care manager and to RQIA.

The home was visited each month by a representative of the registered provider to examine all areas of the running of the home. However, these reports did not identify any of the IPC deficits observed in the environment. In addition, while the reports included evidence of consultation with residents and staff there was no record of consultation with relatives. An area for improvement was identified.

Review of records identified that staff meetings were held infrequently, although, a planned meeting with senior care staff was postponed due to this inspection. The need to ensure that meetings take place at least quarterly was discussed with the manager for information and action. Progress in this area will be reviewed at the next inspection.

It was positive to note that staff said that they found the manager to be “very approachable” and felt well supported in their roles.

7.0 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	5*	5*

*The total number of areas for improvement includes one that has been stated for a second time and one which is carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Julie-Ann Russell, Registered Manager, 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(4) Stated: Second time To be completed by: With immediate effect (25 July 2023)	The registered person shall ensure the controlled drug record book is accurately maintained. Ref: 5.1 Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.

<p>Area for improvement 2</p> <p>Ref: Regulation 14(5)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that residents' freedom of movement is promoted and is not inappropriately restricted. Care plans regarding the home's locked door/keypad policy should be reviewed to ensure they reflect the assessed needs of individual residents.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Care plans have been reviewed to reflect the assessed need of individual residents.</p>
<p>Area for improvement 3</p> <p>Ref: Regulation 14(5)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that staff fully understand what constitutes a restrictive practice in order to appropriately promote residents' freedom of movement.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: All staff complete Deprivation of Liberty training. Manager to ensure staff understand what constitutes a restrictive practice, and to ensure residents freedom of movement is promoted appropriately.</p>
<p>Area for improvement 4</p> <p>Ref: Regulation 13(7)</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all areas of the home are maintained in a suitably clean and hygienic condition. Housekeeper staffing levels should be sufficient to meet the domestic cleaning requirements in the home.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Recruitment carried out for additional Housekeeping staff to ensure cleaning standards are sufficiently maintained.</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 29</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that ensure that monthly monitoring reports are robust in identifying issues, such as IPC deficits, within the premises of the home. The reports should also include evidence of consultation with relatives.</p> <p>Ref: 5.2.5</p> <p>Response by registered person detailing the actions taken: Liased with person completing Regulation 29 report to ensure identified areas are included within the report.</p>

Action required to ensure compliance with the Residential Care Homes Minimum Standards (December) (Version 1:2)	
<p>Area for improvement 1</p> <p>Ref: Standard 6</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that where pressure relieving equipment is recommended and in use relevant care plans are developed and kept under review.</p> <p>Ref: 5.1 & 5.2.2</p> <p>Response by registered person detailing the actions taken: Care plan reviewed to accurately detail use of pressure relieving equipment.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 6.2</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that relevant risk assessments are completed on admission in as part of the care planning process in order that care plans are reflective of the current and up to date assessed needs of the resident.</p> <p>Ref: 5.2.2</p> <p>Response by registered person detailing the actions taken: Senior staff aware of the importance of ensuring Risk Assessments are completed as part of initial care planning following admission.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that a redecoration/refurbishment plan is developed and kept under review. The plan should identify a timeframe for completion and the person who is responsible for the action.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: An ongoing plan of redecoration and refurbishment will be developed and kept under review to ensure high standards maintained.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 27</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that sluice rooms are kept clean, tidy and uncluttered.</p> <p>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Sluice rooms tidied, and all staff aware of the importance of maintaining them in a clean and tidy manner.</p>

<p>Area for improvement 5</p> <p>Ref: Standard 20</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that environmental IPC audits are robust, clearly identify deficits and include action plans with a timeframe for completion and who is responsible.</p> <p>Ref: 5.2.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>Where IPC deficits are identified, this will be highlighted within an action plan for completion.</p>

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