

# Inspection Report

16 March 2023



## Malone

**Type of service: Residential Care Home**  
**Address: 188 Upper Malone Road, Belfast, BT17 9JZ**  
**Telephone number: 028 9061 1745**

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Assurance, Challenge and Improvement in Health and Social Care

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## 1.0 Service information

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

## 2.0 Inspection summary

An unannounced inspection took place on 16 March 2023 from 9.50 am to 5.00 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 respect and kindness. 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. Addressing the areas for improvement will further enhance the quality of care and services in the home.

The findings of this report will provide the manager with the necessary information to improve staff practice and the residents' experience.

### **3.0 How we inspect**

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

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 commented very positively about their experience of living in the home. Residents said there were enough staff to help them and they felt well looked after. Comments made by residents included that "there are no faults really at all", "the staff are excellent", "I don't have any problems at all", "the staff are wonderful", "staff are just great" and "we are all very well looked after". Residents who were less well able to communicate their views, due to the nature of their dementia, were seen to be comfortable in their surroundings and at ease in the company of other residents and the staff.

Staff said that they enjoy working in the home and feel well supported in their role. Comments made by staff included that “teamwork is so good”, “we all work well together” and “any issues or concerns are definitely listened to and sorted out”.

A relative said that communication was good and the environment was “cosy, warm and safe”. They had noticed a turnover of staff which they worried could be slightly confusing for the elderly residents but they were satisfied with the care provided. The relative said that they felt it would be positive if relatives were asked to become involved in helping to plan activities and events for the residents.

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

A record of compliments and thank you cards received by the home was kept and shared with the staff team, this is good practice.

## 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 24 January 2023		
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 (4) <b>Stated:</b> Second time	The responsible person shall ensure that medicine storage areas are maintained in line with infection prevention and control (IPC) measures.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> The medicine storage area was clean, tidy and maintained in line with IPC measures. This area for improvement was met.	
<b>Area for improvement 2</b> <b>Ref:</b> Regulation 13 (4) <b>Stated:</b> First time	The responsible person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed.	<b>Carried forward to the next inspection</b>
	<b>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.</b>	

<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Regulation 20 (3)</p> <p><b>Stated:</b> First time</p>	<p>The responsible person shall ensure that the assessment of staff competency and capability covers all necessary areas.</p> <p><b>Action taken as confirmed during the inspection:</b> Records of staff competency and capability assessments covered all necessary areas. This area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Regulation 4 (1) (b)</p> <p><b>Stated:</b> First time</p>	<p>The responsible person shall ensure that the draft written agreement is finalised and issued to residents. The agreements should reflect the current weekly fee paid by, or on behalf of, residents. The agreements should be signed by the resident, or their representative, and a representative from the home.</p> <p><b>Action taken as confirmed during the inspection:</b> The manager confirmed that all residents had been issued with written agreements. A sample of written agreements reviewed provided evidence that this area for improvement was met.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 5</b></p> <p><b>Ref:</b> Regulation 13 (4)</p> <p><b>Stated:</b> First time</p>	<p>The registered person shall ensure the controlled drug record book is accurately maintained.</p> <p><b>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.</b></p>	<p><b>Carried forward to the next inspection</b></p>

<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 19.2  <b>Stated:</b> First time	The responsible person shall ensure that gaps in employment are explored and explanations are recorded before an off of employment is made.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of recruitment records provided evidence that this area for improvement was met.	
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 8.7  <b>Stated:</b> First time	The responsible person shall ensure that the records of residents' personal possessions are kept up to date with adequate details of the items brought into the residents' rooms and the items disposed of. The records should be reconciled at least quarterly and signed by two members of staff.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Review of a sample of records of residents' personal possessions provided evidence that this area for improvement was met.	

## 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 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).

There were systems in place to ensure that staff were trained and supported to do their job. The manager said that as new staff had recently commenced employment compliance with Deprivation of Liberty (DoL) training was not at an optimum level but this was being addressed. Following the inspection, the manager confirmed that all staff had completed the required training.

Planned face to face fire training had been unavoidably postponed but the manager was in the process of organising a new date. Following the inspection, the manager confirmed that face to face fire training had been prioritised and dates were confirmed for this.

The staff duty rota accurately reflected the staff working in the home on a daily basis. The duty rota did not readily identify the person in charge when the manager was not on duty. This was brought to the attention of the manager for immediate action. Staff who take charge in the home in the absence of the manager had completed competency and capability assessments.

Schedules were in place for staff supervisions and annual appraisals. However, review of the records evidenced that staff supervisions were provided on an annual basis rather than no less than every six months. An area for improvement was identified.

The manager acknowledged that there had been some turnover of staff but said that recent recruitment had been successful. She said that the home's own staff were very good at helping to cover shifts so the home rarely need to employ agency staff.

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.

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

A District Nurse, who had called to provide planned care to a resident, said that she found staff to be excellent in implementing any recommendations made and that they were always available when needed.

### 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.

Residents' needs were assessed at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs. 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.

Care plans reviewed for assessment of need and maintaining a safe environment were generic and lacked an individualised approach. An area for improvement was identified.

At times some residents may be required to use equipment that can be considered to be restrictive, for example, alarm mats. It was established that safe systems were in place to manage this aspect of care.

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 were appropriately updated in the event of a fall occurring.

Residents who are less able to mobilise may require special attention to their skin care. The District Nurse had recommended the use of pressure relieving equipment for a resident and the equipment was in place. However, a care plan had not been developed to provide details of the reason the equipment was required, if assistance was needed to reposition or not and the type and setting of the equipment. An area for improvement was identified.

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 helpfully assisted residents into the dining room and ensured they were comfortably seated for their meal. A small number of residents opted to eat their meal in their own rooms and staff provided them with 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. The food was attractively presented and smelled appetising. Smaller portions were served to residents who preferred this. Staff were observed to provide residents with the range of support they needed with meals. Most residents were independent in this area but a few required simple encouragement and/or some assistance with their meal.

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). Staff were knowledgeable regarding what signs might indicate that a resident was experiencing difficulties with eating and drinking and the actions they would take as a result.

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 said that they enjoyed the food provided, comments included that "the food quality is good but the portions can be too large for me", "the food is good", "the food is delicious" and "the food is nice, I never need to ask for anything else but I know I can". Staff were informed that one resident would prefer smaller portions and were happy to facilitate this.

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

The home was warm, clean, tidy and in good decorative order. Residents' bedrooms were very attractively decorated and personalised with items that were important to them, such as, photographs, ornaments, cushions and flowers. A bedroom redecoration and refurbishment programme was maintained. 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.

There were signs of wear and tear to the stair carpet. Discussion with the manager and review of the home's monthly monitoring report confirmed that the need for new carpet had already been brought to the attention of the Responsible Individual for consideration. Progress in this area will be reviewed at the next care inspection.



Bathrooms and en-suites were clean and tidy but it was observed that there was a build-up of liquid soap on the underside of several soap dispensers throughout the home. Resident's toiletries tended to be stored on sinks and windowsills rather than in vanity units which were widely available, generally spacious and underutilised. An area for improvement was identified.

The systems and processes in place to ensure the management of risks associated with COVID-19 infection and visiting within the home had not been fully updated in line with current guidance in this area. The manager explained that precautions, such as temperature checks on arrival and visitors completing lateral flow tests, were still employed in order to keep residents as safe as possible but agreed that it would be timely to carry out a review of their processes. Following the inspection, the manager confirmed that all restrictions had been lifted in line with the current guidance.

Review of records, observation of practice and discussion with staff confirmed that effective 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 said that they were satisfied that the home was kept clean and tidy.

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

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 and included options such as arts and crafts, skittles, exercises, knitting, games, manicures and musical activities. Entertainers were booked to come in and sing to the residents three times a month. A hairdresser was available every Wednesday.

Residents' birthdays and seasonal holidays were celebrated. On the morning of the inspection residents were painting decorations for St Patrick's Day which was the following day. During the afternoon there was a lively sing-a-long; the activity lead provided residents with a variety of musical instruments and everyone involved seemed to be thoroughly enjoying themselves.

Residents were encouraged to participate in regular residents' meetings which provided an opportunity for them to comment on aspects of the running of the home. At the most recent meeting residents had discussed catering, housekeeping, laundry, activities and the complaints process. A record was kept of the meeting.

The atmosphere throughout the home was warm, welcoming and friendly. The activity lead and other staff were seen to actively engage with the residents.

Staff recognised that not all residents enjoyed group activities and might prefer one to one time or just to do their own thing. Meaningful and individualised records were kept for residents regarding this important aspect of daily life.

Residents said that there was enough to do and they were aware of what activities were available and when. Comments included that “activities are on offer and it is up to us if we join in or not”, “I know about the activities but prefer to stay in my own room” and “it is my choice how I spend my day”.

### 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.

There was a system in place to manage complaints. The manager told us that complaints were seen as an opportunity to for the team to learn and improve. Residents said that they felt listened to by staff and were confident that any concerns they raised would be dealt with.

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. The reports included evidence of consultation with residents and staff but there was no recent record of consultation with relatives; this was brought to the attention of the manager for information and appropriate action. The reports are available for review by residents, their representatives, the Trust and RQIA.

### 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 (August 2011) (Version 1:1).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	2*	4

\*The total number of areas for improvement includes two that are 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.

<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 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> Ongoing from the date of the inspection (24 January 2023)	The responsible person shall implement a robust audit system which covers all aspects of the management of medicines. Any shortfalls identified should be detailed in an action plan and addressed.  Ref: 5.1
	<b>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.</b>
<b>Area for improvement 2</b>  <b>Ref:</b> Regulation 13 (4)  <b>Stated:</b> First time  <b>To be completed by:</b> Ongoing from the date of the inspection (24 January 2023)	The registered person shall ensure the controlled drug record book is accurately maintained.  Ref: 5.1
	<b>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.</b>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011) (Version 1:1)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 24.2  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	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.  Ref: 5.2.1
	<b>Response by registered person detailing the actions taken:</b> Formal supervision will be carried out with all staff at least six monthly.

<p><b>Area for improvement 2</b></p> <p><b>Ref:</b> Standard 6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that care plans are person centred and reflect the current identified needs of the individual resident.</p> <p>Ref: 5.2.2</p>
<p><b>Area for improvement 3</b></p> <p><b>Ref:</b> Standard 6</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p><b>Response by registered person detailing the actions taken:</b> Discussed with senior team that care plans must be person centred and reflect the individual needs of each resident.</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: 5.2.2</p> <p><b>Response by registered person detailing the actions taken:</b> <b>Staff will ensure that the use of any pressure relieving equipment is included within the relevant care plan and kept under review.</b></p>
<p><b>Area for improvement 4</b></p> <p><b>Ref:</b> Standard</p> <p><b>Stated:</b> First time</p> <p><b>To be completed by:</b> With immediate effect</p>	<p>The registered person shall ensure that:</p> <ul style="list-style-type: none"> <li>• the cleaning of soap dispensers routinely includes the underside of the dispensers.</li> <li>• toiletries are stored in appropriate storage areas such as vanity units and are not left cluttered on sinks or on windowsills.</li> </ul> <p>Ref: 5.2.3</p> <p><b>Response by registered person detailing the actions taken:</b> <b>Staff will ensure the underside of soap dispensers is included within the daily cleaning schedule.</b> <b>Reinforced with all staff that toiletries must be put away after use and not left on sinks or windowsills.</b></p>

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



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