

# Inspection Report

20 May 2021



## 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><b>Organisation/Registered Provider:</b> Malone Residential Home</p> <p><b>Responsible Individual:</b> Kevin McKinney</p>	<p><b>Registered Manager:</b> Mrs Julie-Ann Russell</p> <p><b>Date registered:</b> 31 July 2015</p>
<p><b>Person in charge at the time of inspection:</b> Mr Jordan Oliver, Senior Care Assistant, until 10 a.m. Julie-Ann Russell, manager, after 10 a.m.</p>	<p><b>Number of registered places:</b> 28 comprising: 10 in RC-DE 3 in RC-PH and PH(E)</p>
<p><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.</p>	<p><b>Number of residents accommodated in the residential care home on the day of this inspection: 20</b></p>
<p><b>Brief description of the accommodation/how the service operates:</b> This is a registered Residential Home which provides social care for up to 28 persons. Resident bedrooms are located over two floors. Residents have access to communal lounges, a dining room and a garden.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 20 May 2021 between 9.35 a.m. and 3 p.m. The inspection was undertaken by a care inspector.

The inspection assessed progress with the area 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.

Evidence of good practice was found in relation to staff training, the provision of activities for residents and the warm and supportive interactions between residents and staff.

Areas requiring improvement were identified. These related to staff competency and capability assessments and to recruitment practices.

Residents said that living in the home was a good experience. Residents less able to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

RQIA was assured that the delivery of care and service provided in Malone was safe, effective, compassionate and well led.

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 residents and staff were asked for their opinion on the quality of the care and their experience of living or working in this home. The daily life within the home was observed along with how staff went about their work. A range of documents was examined to determine that effective systems were in place to manage the home.

Questionnaires and 'Tell Us' cards 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 findings of the inspection were provided to the manager at the conclusion of the inspection.

### **4.0 What people told us about the service**

We spoke with seven residents and six staff. No questionnaires were returned and we received no feedback from the staff online survey.

Residents spoke highly of the care that they received and on their interactions with staff. They said that staff treated them with respect and that they enjoyed living in the home. Residents described Malone as 'a great place' and the staff as 'lovely'.

## 5.0 The inspection

### 5.1 What has this service done to meet any areas for improvement identified at or since last inspection?

The last inspection to Malone was undertaken on 10 November 2020 by a care inspector.

Areas for improvement from the last inspection on 10 November 2020		
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 29 <b>Stated:</b> First time	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.  Ref: 6.2.6	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Inspection of the reports by the registered provider confirmed that these were carried out.	

## 5.2 Inspection findings

### 5.2.1 How does this service ensure that staffing is safe?

A review of staff recruitment records established that the system in place was generally robust. It was noted, however, that gaps in employment were not explored and recorded at job interviews. This was identified as an area for improvement.

All staff were provided with a comprehensive induction programme to prepare them for working with the residents. There were systems in place to ensure staff were trained and supported to do their job, for example, staff received regular training in a range of topics and regular staff meetings were held.

Competency and capability assessments were completed for staff left in charge when the manager was not on duty. It was noted, however, that these assessments did not cover all necessary areas. This was identified as an area for improvement.

The manager told us that the number of staff on duty was regularly reviewed to ensure the needs of the residents were met. The staff duty rota accurately reflected all of the staff working in the home on a daily basis.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely and person centred way, for example, morning routines reflected individual residents' preferences as to when they were assisted out of bed and when they wished to have breakfast.

Staff said that the residents' needs and wishes were very important to them. It was observed that staff responded to requests for assistance promptly and in a caring and compassionate manner. Staff reported that there was good team work, they felt well supported in their role, were satisfied with the staffing levels and with the level of communication between staff and management.

Residents said that staff attended to them quickly if they needed help and that staff had a good understanding of their individual needs.

A review of records, observation of practice and discussion with residents and staff established that there was safe staffing in the home. Two aspects of staffing will be improved through compliance with the areas of improvement identified.

### **5.2.2 How does this service ensure residents feel safe from harm and are safe in the home?**

The manager was identified as the appointed safeguarding champion for the home; the manager is therefore responsible for implementing the regional adult safeguarding protocol and the home's adult safeguarding policy

A review of staff training records confirmed that staff completed adult safeguarding training on an annual basis. Staff said they were confident about reporting any concerns about residents' safety and poor practice.

It was noted that residents and their relatives were provided with written information about how to raise a concern or complaint regarding care or any service they received in the home. The manager explained how any complaints were used as a learning opportunity to improve practices and/or the quality of services provided by the home.

Discussion with the manager confirmed that the use of restrictive practices, namely the presence of keypads within the home, was effectively managed. The manager also confirmed that staff had attended training relating to the potential use of restrictive practices and best interest decision making.

Staff were observed to be prompt in recognising residents' needs and were skilled in communicating with residents; they were respectful, understanding and sensitive to their needs. Residents said that they felt safe in the home.

A review of records, observation of practice and discussion with staff established that there were appropriate safeguards in place to support residents to feel and be safe within the home.

### **5.2.3 Is the home's environment well managed to ensure residents are comfortable and safe?**

The internal environment of the home was noted to be well maintained. The manager reported that a programme of redecoration had been delayed by the COVID-19 pandemic but that

resumption of this work was planned. A review of records confirmed that a range of environmental safety checks was in place and were being regularly monitored.

Residents' bedrooms were personalised with items important to the residents. Bedrooms and communal areas were very well decorated, suitably furnished, clean, tidy and comfortable. Residents could choose where to sit or where to take their meals and staff were observed supporting residents to make these choices.

Residents said that they enjoyed having their own space and could spend time in the communal areas if they wished; they stated that the home was kept clean and comfortable.

The home's environment was well managed to provide a comfortable and safe environment.

#### **5.2.4 How does this service manage the risk of infection?**

Discussion with the manager confirmed that there were robust arrangements in place to effectively manage risks associated with COVID-19 and other potential infections. The home had implemented the regional testing arrangements for residents and staff and any outbreak of infection was reported to the Public Health Authority (PHA). Visiting arrangements were managed in line with current Department of Health guidance.

A 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 PPE had been provided.

Staff were observed to carry out hand hygiene at appropriate times and used PPE in accordance with the regional guidance. Staff use of PPE and hand hygiene was regularly monitored by the manager. Domestic staff reported that they followed a detailed schedule of daily cleaning and that all points which were frequently touched by residents or staff were cleaned daily.

It was established that appropriate arrangements were in place to manage the risk of infection.

#### **5.2.5 What arrangements are in place to ensure residents receive the right care at the right time? This includes how staff communicate residents care needs, ensure resident rights to privacy and dignity; manage skin care, falls and nutrition.**

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. In addition, residents' care records were maintained which accurately reflected the needs of the residents. Staff were knowledgeable of individual residents' needs, daily routines, wishes and preferences.

It was observed that staff respected resident privacy by actions such as knocking on doors before entering, discussing resident care in a confidential manner, and by offering personal care to residents discreetly. This was good practice.

The manager and staff were knowledgeable about how to effectively monitor residents' skin and understood the pathway for referring to the multidisciplinary team, such as district nursing. The manager and staff were also familiar with how residents should be assisted by staff to change their position regularly.

Discussion with the manager and staff and review of care records provided assurance that residents' risk of falling was robustly managed. The manager regularly completed a critical analysis of falls within the home to determine if anything more could be done to prevent future falls occurring. There was also evidence of appropriate onward referral as a result of this analysis, to other professionals such as the Trust's Specialist Falls Service, their GP, or physiotherapy.

There was a system in place to ensure accidents and incidents were appropriately managed, monitored and notified.

Meals taken in the dining room provided an opportunity for residents to socialise. Music was playing and residents were clearly enjoying this by singing along. The atmosphere was relaxed and unhurried. There was choice of meals offered, the food was attractively presented and smelled appetising, and portions were generous. There was a variety of drinks available. Residents said that they had enjoyed their meal and the company of others. Residents could also choose to take their meals in their own rooms and trays were taken to these residents.

Staff were seen to be supportive and attentive to residents whilst providing the appropriate level of assistance at mealtimes. Staff, including catering staff, described how they were made aware of residents' individual nutritional and support needs and how care records were important to ensure that modified food and fluids were provided to residents who needed this.

Residents' care needs were clearly identified and communicated across the staff team and enabled staff to effectively meet those needs.

#### **5.2.6 What systems are in place to ensure care records reflect the changing care needs of residents?**

Residents' needs were assessed at the time of their admission to the home and care plans were developed to direct staff on how to meet residents' needs. Residents' care records were held confidentially.

Care records were well maintained, regularly reviewed and updated to ensure they continued to reflect the residents' needs. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, as appropriate.

Residents' individual likes and preferences were reflected throughout the care records. Care plans were detailed and contained specific information on each resident's care needs and what or who was important to them. 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.

Each resident had an annual review of their care, arranged by their care manager or Trust representative. A record of the meeting, including any actions required, was provided to the home.

The review of care records established that the care needs of residents were noted and reviewed regularly to reflect any changes.

### **5.2.7 How does the service support residents to have meaning and purpose to their day?**

Residents said that they were able to choose how they spent their day; they could get up or go to bed when they wished, wear what they wanted and spend time in their own rooms or in the lounges. Residents were looking forward to being able to go out of the home when it was safe to do so in line with COVID-19 guidance.

Staff reported that residents were encouraged to participate in regular resident meetings, providing an opportunity for them to comment on aspects of the running of the home such as activities and menu choices; a planned resident meeting took place on the day of the inspection and was well attended by residents.

A dedicated activities co-ordinator was employed to help meet residents' needs through a range of individual and group activities such as arts and crafts, music, armchair exercises, floor games and quizzes. Staff said that where residents preferred to spend time in their rooms, they engaged with residents in one to one activities.

Staff recognised the importance of maintaining good communication with families, especially whilst visiting was suspended due to the COVID-19 pandemic. Staff assisted residents to make phone or video calls. Visiting arrangements were in place with positive benefits to the physical and mental wellbeing of residents being noted by staff; the manager communicated with residents' relatives regularly in order to keep them appropriately updated.

Observation of life in the home and discussion with staff and residents established that staff engaged with residents individually or in groups; residents were afforded the choice and opportunity to engage in social activities, if they wished.

### **5.2.8 What management systems are in place to monitor the quality of care and services provided by the home and to drive improvement?**

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 about residents, care practices or the home's environment. There was evidence that a robust system of auditing was in place to monitor the quality of care and other services provided to residents. The manager completed regular audits of falls, care records, IPC and the home's environment.

Staff commented positively about the manager and described her as supportive, approachable and always available for guidance.

A record of compliments received about the home was kept and shared with the staff team, this is good practice. Grateful relatives paid compliment to the loving care, sensitivity and warmth of staff.

A review of the records of accidents and incidents which had occurred in the home found that these were managed correctly and reported appropriately.

The home was visited each month by a representative of the registered provider to consult with residents, their relatives and staff and to examine all areas of the running of the home. The reports of these visits were completed in detail; where action plans for improvement were put in place, these were followed up to ensure that the actions were correctly addressed. These were available for review by residents, their representatives, the Trust and RQIA.



Robust managerial oversight was evidenced through the use of quality assurance audits, effective staff management and the arrangements for the registered provider to be kept informed about the running of the home.

## 6.0 Conclusion

Feedback from the manager, staff and residents, review of records and observation of the environment provided assurance that care to residents within Malone was safe, effective, compassionate and well led.

Residents were supported by staff to have meaning and purpose in their daily life; interactions between residents and staff were warm and supportive with staff delivering care in a way that promoted the dignity of residents.

As a result of this inspection, two areas for improvement were identified. These related to recruitment and competency and capability assessments for staff.

## 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/or the Residential Care Homes' Minimum Standards (August 2011).

	Regulations	Standards
<b>Total number of Areas for Improvement</b>	1	1

Areas for improvement and details of the Quality Improvement Plan were discussed with Julie-Ann Russell, 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 20 (3)  <b>Stated:</b> First time  <b>To be completed by:</b> 16 July 2021	The responsible person shall ensure that the assessment of staff competency and capability covers all necessary areas.  Ref: 5.2.1  <b>Response by registered person detailing the actions taken:</b> Competency and Capability assessment for Senior staff reviewed and updated to ensure all necessary areas are covered.
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (August 2011)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 19.2  <b>Stated:</b> First time  <b>To be completed by:</b> With immediate effect	The responsible person shall ensure that gaps in employment are explored and explanations are recorded before an off of employment is made.  Ref: 5.2.1  <b>Response by registered person detailing the actions taken:</b> Application form amended to ensure gaps in Employment are recorded and any gaps will be explored during interview.

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



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