

# Unannounced Care Inspection Report 17 November 2020



## Palmerston

**Type of Service: Residential Care Home (RCH)**  
**Address: 9-17 Palmerston Road, Belfast, BT4 1QA**  
**Tel No: 028 9065 6166**  
**Inspector: John McAuley**

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Assurance, Challenge and Improvement in Health and Social Care

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

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

## 1.0 What we look for



## 2.0 Profile of service

This is a residential care home registered to provide care up to 39 residents.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Abbeyfield and Wesley Housing Association  <b>Responsible Individual(s):</b> Geraldine Gilpin	<b>Registered Manager and date registered:</b> Paul Johnston – 18 October 2019
<b>Person in charge at the time of inspection:</b> Paul Johnston	<b>Number of registered places:</b> 39  Maximum number of 26 residents in Category RC-DE. Maximum of 2 residents in Category RC-SI
<b>Categories of care:</b> Residential Care (RC) I – Old age not falling within any other category. DE – Dementia. SI – Sensory impairment. PH(E) - Physical disability other than sensory impairment – over 65 years.	<b>Number of residents accommodated in the residential home on the day of this inspection:</b> 32 plus 5 in hospital

### 4.0 Inspection summary

An unannounced inspection took place on 17 November 2020 from 09.50 to 15.00 hours.

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 inspection sought to assess progress with issues raised in the previous quality improvement plan.

The following areas were examined during the inspection:

- Staffing
- Safeguarding
- Environment
- Infection Prevention and Control (PPE)
- Care delivery
- Care records
- Fire safety
- Governance and management

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
<b>Total number of areas for improvement</b>	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Paul Johnston, manager and Geraldine Gilpin, responsible individual, as part of the inspection process and can be found in the main body of the report.

## 5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

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

During the inspection the inspector met with 15 residents and eight staff.

The following records were examined during the inspection: duty rota, competency and capability assessments, professional registrations, agency staff details and inductions, supervisions and appraisals, IPC information and audits, care records, fire safety risk assessment and fire safety records, Regulation 29 reports, staff training records, accidents and incident reports and quality assurance audits.

The findings of the inspection were provided to the Paul Johnston, manager and Geraldine Gilpin, responsible individual at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from previous inspection(s)

The most recent inspection of the home was an unannounced finance inspection on 14 October 2019. The care inspection was an unannounced inspection on 10 October 2019.

<b>Areas for improvement from the last care inspection</b>		
<b>Action required to ensure compliance with the DHSSPS Residential Care Homes Minimum Standards, August 2011</b>		<b>Validation of compliance</b>
<b>Area for improvement 1</b> <b>Ref:</b> Standard 20.3 <b>Stated:</b> First time	The registered person shall ensure that a robust system is developed for the monitoring of staff NISCC registrations including annual fee submissions.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> A robust system was in place to monitor NISCC registrations and fee submissions, which was inspected at the time of this inspection.	
<b>Area for improvement 2</b> <b>Ref:</b> Standard 16.4 <b>Stated:</b> First time	The registered person shall ensure that adult safeguarding incidents are referred to the safeguarding gateway team in a timely manner.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the manager and inspection of accident and incident reports confirmed that all or any suspected safeguarding incidents were referred to the safeguarding gateway team in a timely manner.	
<b>Area for improvement 3</b> <b>Ref:</b> Standard 23.4 <b>Stated:</b> First time	The registered person shall ensure that all employed staff in the home are provided with training in The Mental Health Capacity Act (Northern Ireland) 2016 – Deprivation of Liberty Safeguards (DoLS) in preparation for implementation on 2 December 2019.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of staff training records confirmed this training was completed for all staff.	
<b>Area for improvement 4</b> <b>Ref:</b> Standard 6.2 <b>Stated:</b> First time	The registered person shall ensure that where applicable care plans reflect dental care needs.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> An inspection of a sample of four residents' care records confirmed that dental care needs were duly care planned for.	

<p><b>Area for improvement 5</b></p> <p>Ref: Standard 12.13</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a minimum of three weekly seasonal rotational menus are reintroduced.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> An inspection of the menu (s) on displayed confirmed that this three weekly seasonal rotational was in place.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 6</b></p> <p>Ref: Standard 20.10</p> <p>Stated: First time</p>	<p>The registered person shall ensure development of action plans to address trends / patterns or shortfall identified from the analysis of audits conducted</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> An inspection of quality assurance audits confirmed that action plans were in place and there was subsequent evidence recorded when these actions had been addressed.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 7</b></p> <p>Ref: Standard 15.12</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a quarterly reconciliation of residents' monies is carried out and signed and dated by two people.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the home's administrator and inspection of the corresponding records confirmed that quarterly reconciliation of residents' monies is carried out and signed and dated by two staff.</p>	<p><b>Met</b></p>
<p><b>Area for improvement 8</b></p> <p>Ref: Standard 15.7</p> <p>Stated: First time</p>	<p>The registered person shall ensure that two signatures are recorded against every record of residents' income and expenditure.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b> Discussion with the home's administrator and inspection of corresponding records confirmed that there were two signatures recorded against every record of residents' income and expenditure.</p>	<p><b>Met</b></p>



<b>Area for improvement 9</b> <b>Ref:</b> Standard 15.6 <b>Stated:</b> First time	The registered person shall ensure that the pages of the deposit receipt book used to record any monies left with the home on behalf of residents is sequentially numbered and that the book is maintained in a manner which does not compromise the integrity of the book because of the weight of other documents attached to each page.	<b>Met</b>
	<b>Action taken as confirmed during the inspection:</b> Discussion with the home's administrator and inspection of corresponding records confirmed that the pages of the deposit receipt book was sequentially numbered and that the book was maintained in a manner which did not compromise the integrity of the book because of the weight of other documents attached to each page.	

## 6.2 Inspection findings

### 6.2.1 Staffing

An inspection of the duty rota confirmed that it accurately reflected all of the staff working within the home. A competency and capability assessment was in place for any member of staff who has the responsibility of being in charge of the home in the absence of the manager. Inspection of two of these assessments found these to be appropriately maintained. There is also a comprehensive matrix detailing staff members' registration details with the Northern Ireland Social Care Council (NISCC). An inspection of this matrix confirmed that staff registrations were in place and validated on an up-to-date basis. The home also employs agency staff who are largely recruited on a regular basis. The home retains a copy of the agency staff member's photographic identity and a copy of their qualifications, details of registration and training. Agency staff receive a comprehensive induction to the home as inspected from a sample of two induction records and also via observations of an agency staff member receiving induction at the time of this inspection.

Staff spoke positively about their roles and duties, staffing, training, managerial support, teamwork and morale. Staff stated that residents received a good standard of care and were treated with respect and dignity.

Care duties were attended to in an unhurried organised manner with evidence of good team working and support amongst staff members. Staff also had good knowledge and understanding of residents' needs and preferences.

Evidence was in place to confirm that staff supervision and appraisals were maintained on an up-to-date basis. Special emphasis on supervision was put in place with staff on how they were coping with the COVI-19 pandemic and subsequent promotion of support mechanisms.

### **6.2.2 Safeguarding residents from harm**

The manager demonstrated a good understanding of the safeguarding process, namely, how a safeguarding referral(s) would be made to the aligned health and social care trust, who would be contacted, what documents would be completed and how staff would co-operate and assist in any investigations. Issues pertaining to referral were discussed and this confirmed that should such arise prompt referral to the adult safeguarding team would be put in place.

Discussions with care staff confirmed that they had knowledge and understanding of this policy and procedure, as well as the whistleblowing policy. Staff stated that they would have no hesitation in coming forward to report any concerns and that they felt they would be supported by management to do so.

### **6.2.3 Environment**

The home was clean and tidy throughout with a good standard of décor and furnishings. Residents' bedrooms were comfortable, spacious and tastefully furnished. Communal areas were comfortable and nicely furnished. Bathrooms and toilets were clean and hygienic.

The grounds of the home were well maintained.

There were good date and time memoirs in place to facilitate residents' orientation.

### **6.2.4 Infection prevention and control**

Good protocols were in place to accommodate visitors to the home in line with current guidance, including visiting professionals. There was also good documentation in place pertaining to the management of the COVID-19 pandemic, which was regularly updated and disseminated to staff..

Observation of care practices, discussion with staff and inspection of IPC audits evidenced that infection prevention and control measures were adhered to. Staff were knowledgeable in relation to best practice guidance with regard to hand hygiene and use of personal protective equipment. Staff were also observed to wash their hands and use alcohol gels at appropriate times.

Signage was provided outlining advice and information about COVID-19. Personal protective equipment was readily available throughout the home. Alcohol based hand sanitisers were available at the entrance and throughout the home. The layout of the home had been adapted and revised to meet IPC protocols and management of COVID-19. Laminated posters depicting the seven stages of handwashing were also displayed.

### **6.2.5 Care delivery**

Residents looked well cared for. They were well groomed and nicely dressed with attention to detail. Staff interactions with residents were kind, supportive, friendly and 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. Residents were engaged in the goings on in their environment. A planned programme of armchair exercises were in place for a small group of residents who chose to partake in. Residents who were less well able to



communicate were seen to be comfortable and content in their surroundings. In accordance with their capabilities, residents spoke positively about life in the home, the staff and the food. Some of the comments made by residents included statements such as;

- “All’s okay.”
- “It couldn’t be better.”
- “I’m treated like a Lord here.”
- “No problems at all.”
- “I love listening to the hymns”
- “The food is very good.”

Those residents who were unable to articulate their views responded non verbally their contentment and comfort with their life in the home.

Staff were observe to seek resident’s consent when proposing to assist with care with statements such as “Would you like to...” Care duties were also observed to be explained to residents in a nice kind caring manner.

### **6.2.6 Care records**

A sample of four residents’ care records was inspected. These records were maintained in a methodical, secure, tidy manner. Care plans were based on up-to-date holistic assessment of needs and associated tools of assessments. Care reviews were detailed and up-to-date. Evidence was in place to confirm consultation with the resident’s representative. There also was good evidence to support multi-disciplinary team intervention and advice.

Progress records were well written in an informative manner. Statements of assessed need had corresponding statements of care or treatment given with effect of same.

### **6.2.7 Fire safety**

The home’s most recent fire safety assessment was dated September 2020. There were no recommendations made as a result of this assessment.

Fire safety training and fire safety drills were maintained on a regular and up-to-date basis, as were fire safety checks in the environment.

### **6.2.8 Governance and management**

The home has a defined management structure. The manager facilitated this inspection with competence. The manager was supported by the responsible individual who made herself available in person for this inspection.

Inspection of the last two months’ Regulation 29 reports found these to be well maintained with good governance.

Staff training records contained evidence that mandatory training for staff and areas of additional training were being maintained well.

The last four months accident and incident reports to the date of this inspection were inspected. These reports were found to be managed properly and appropriately reported to the relevant stakeholders.

Quality assurances audits pertaining to Northern Ireland Social Care (NISCC) registrations, the environment, IPC, staff training, and accidents and incidents were inspected and found to be appropriately in place.

**Areas of good practice**

Areas of good practice were found in relation to staffing levels, support and teamwork, the positive feedback from residents and staff and the upkeep of the home’s environment and management of regulatory documentation.

**Areas for improvement**

No areas for improvement were identified during the inspection.

	Regulations	Standards
<b>Total number of areas for improvement</b>	0	0

**6.3 Conclusion**

Residents were seen to be cared for in a kind caring manner with a nice relaxed atmosphere and ambience. Care duties and tasks were organised and unhurried. The environment was well maintained with good standards of cleanliness. Regulatory documentation was well maintained and there was good systems of managerial oversight and governance.

**7.0 Quality improvement plan**

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



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