



# Unannounced Care Inspection Report 14 November 2019



## Hanna Street

**Type of Service: Residential Care Home**  
**Address: 8 Hanna Street, York Road, Belfast BT15 1GQ**  
**Tel no: 028 9504 2810**  
**Inspector: Alice McTavish**

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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 with two beds that provides respite care for people who have a learning disability.

### 3.0 Service details

<b>Organisation/Registered Provider:</b> Belfast Health and Social Care Trust (BHSCT)	<b>Registered Manager and date registered:</b> Barbara McGarrity 1 April 2005
<b>Responsible Individual:</b> Martin Joseph Dillon	
<b>Person in charge at the time of inspection:</b> Barbara McGarrity	<b>Number of registered places:</b> 2
<b>Categories of care:</b> Residential Care (RC) LD - Learning Disability LD (E) – Learning disability – over 65 years	<b>Total number of residents in the residential care home on the day of this inspection:</b> 2

### 4.0 Inspection summary

An unannounced care inspection took place on 14 November 2019 from 10.05 to 11.45 hours.

This inspection examined how communication and exchange of information was used to support the delivery of safe, effective, compassionate and well led care.

Evidence of good practice was found in relation to communication techniques used between residents and staff and clear methods of exchanging information between all relevant parties.

No areas requiring improvement were identified.

Residents were seen to be relaxed and comfortable within Hanna Street and in their interactions with other residents and with staff.

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 Barbara McGarrity, registered manager, as part of the inspection process and can be found in the main body of the report.

Enforcement action did not result from the findings of this inspection.

## 4.2 Action/enforcement taken following the most recent inspection dated 16 April 2019

The most recent inspection of the home was an unannounced care inspection undertaken on 16 April 2019. No further actions were required to be taken following the most recent inspection.

## 5.0 How we inspect

To prepare for this inspection we reviewed information held by RQIA about this home. This included the findings from the most recent inspection, registration information and any other written or verbal information received.

During our inspection we:

- where possible, speak with residents, people who visit them and visiting healthcare professionals about their experience of the home
- talk with staff and management about how they plan, deliver and monitor the care and support provided in the home
- observe practice and daily life
- review documents to confirm that appropriate records are kept

Questionnaires and 'Have We Missed You' cards were provided to give residents and those who visit them the opportunity to contact us after the inspection with views of the home. A poster was provided for staff detailing how they could complete an electronic questionnaire. No questionnaires were returned from staff.

Two questionnaires were returned by residents who indicated a high degree of satisfaction with the care and services provided in the home. A resident commented "(Staff) are very kind...this is like a second home to me...I couldn't ask for better, I am well looked after."

During the inspection a sample of records was examined which included:

- one resident's record of care containing pre-admission information, care plans and risk assessments, care reviews and liaison with relatives and professionals, hospital passport
- compliment records
- minutes of resident meetings
- annual quality survey report
- staff team meeting minutes
- reports of visits by the registered provider
- RQIA registration certificate

The findings of the inspection were provided to the person in charge at the conclusion of the inspection.

## 6.0 The inspection

### 6.1 Review of areas for improvement from the last care inspection dated 16 April 2019

There were no areas for improvements made as a result of the last care inspection.

## 6.2 Inspection findings

Residents who use the short break service in Hanna Street may have limited verbal communication and rely on other systems to express or indicate their needs and choices. Staff described how they used verbal and non-verbal communication to support each resident according to their individual needs. Staff had training in Makaton, a system of communication which uses signs and symbols, and in talking mats, another visual communication aid. Staff were able to give examples of how they engaged with residents to establish residents' daily preferences and to support residents in their daily activities.

The manager described how staff became familiar with each resident. This was achieved through comprehensive referral and pre-admission information being provided to the home. Residents were then invited to come to Hanna Street for 'tea visits' so they might have the opportunity to meet other residents and staff.

On admission, each resident had a comprehensive care plan and any necessary risk assessments were completed. We looked at one complete care file and saw that this included a detailed assessment of communication skills and individual communication programme which was shared and agreed with the resident, if possible, and with resident's relative. This was then shared with the staff team in order that they could best communicate with each resident.

Residents were also provided with large print and easy read information to prepare them for what they might expect from their short breaks in Hanna Street. There was information provided on how issues could be raised and complaints made, Human Rights, dental care, 'flu vaccinations and weight management.

Staff in the home described how information was exchanged within the team and with residents, their families and with other professionals to support safe, effective and compassionate care. The manager advised that care records were reviewed regularly to ensure that the information was kept up to date; we saw evidence of this in the records examined.

An advance booking system was in place to ensure the most effective use of the short break beds as this was a valuable resource. Staff made contact with residents and relatives to confirm the dates for the short break and that the information held in the home remained accurate. The manager had devised a checklist for this so that the correct information was consistently obtained and recorded. All significant changes were shared with the staff team in advance of the admission of the resident.

Staff in the home kept detailed diary records of each resident's appointments, wellbeing and health, sleep, meals and drinks taken and activities. This diary was used to support effective two-way communication between staff in the home and in day care and ensured, as far as possible, continuity of care.

Staff described how residents' families were kept up to date with the care provided to residents. Relatives were reassured that they could contact the home at any time and an easy read summary of the short break was provided to relatives at the end of each respite stay. Staff ensured that relatives and any necessary professionals or agencies were informed of any adverse events in the home.

Residents and their relatives were invited to attend regular meetings and they were also consulted each year about the quality of the care and services provided in the home. We looked at the report of the most recent annual survey which reflected a high degree of satisfaction with Hanna Street.

Staff advised that there were good handover arrangements between shifts to ensure that accurate and useful information was exchanged about the care of each resident. Staff reported that they found this beneficial and it supported safe and effective care. A review of the staff shift plans confirmed that these were completed in detail.

Staff meetings were held regularly. This provided an opportunity for all staff to discuss and be kept up to date with the care of each resident and with any changes in the home. Any complaints and/or compliments were shared with staff during these meetings along with any necessary actions or learning.

Staff described how they were supported in their professional development through regular supervision and annual appraisals. This allowed staff to discuss their practice with the manager and identify any areas for additional training. This further supported safe and effective care for residents.

Senior management in the trust were kept informed about the running of the home through telephone calls, emails and visits to the home. A visit by the registered provider was completed monthly and a report prepared on all aspects of the operation of the home. The report of the visit took account of the views of residents, their representatives and staff. An action plan was developed to address any issues identified which included timescales and person responsible for completing the action. The report was made available for residents, their representatives, staff, RQIA and any other interested parties to read. This supported well led care.

### **Areas of good practice**

There were examples of good practice found throughout the inspection in relation to the communication techniques used between residents, staff and others where necessary. There were also clear methods of exchanging information between all relevant parties. This supported safe, effective and compassionate care for residents and evidenced that staff in the home were well led.

**Areas for improvement**

No areas for improvement were identified during the inspection.

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

**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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