

Inspection Report

24 August 2023



Hanna Street

Type of service: Residential Care Home
Address: 8 Hanna Street, York Road, Belfast, BT15 1GQ
Telephone number: 028 9504 2810

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

1.0 Service information

<p>Organisation: Belfast Health and Social Care Trust (BHSCT)</p> <p>Responsible Individual: Dr Catherine Jack</p>	<p>Registered Manager: Mrs Barbara McGarrity</p> <p>Date registered: 1 April 2005</p>
<p>Person in charge at the time of inspection: Mrs Barbara McGarrity</p>	<p>Number of registered places: 2</p>
<p>Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.</p>	<p>Number of residents accommodated in the residential care home on the day of this inspection: 1</p>
<p>Brief description of the accommodation/how the service operates:</p> <p>This is a two bedded residential care home that provides respite care for people living with a learning disability. The residential care home is located within the same building as a domiciliary care agency, which provides supported living accommodation for service users living with a learning disability or other complex needs.</p>	

2.0 Inspection summary

An unannounced inspection took place on 24 August 2023, from 11.50 am to 2.30 pm by a care inspector.

The inspection sought to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Staff said that they feel well supported by the manager and enjoy working in Hanna Street.

This care inspection resulted in no areas for improvement being identified. One medicine related area for improvement was not reviewed and is carried forward for review at the next inspection.

RQIA were assured that the delivery of care and services provided in the home was safe, effective, and compassionate and that the service was 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 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 was observed and how staff went about their work.

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 Barbara McGarrity, Registered Manager at the conclusion of the inspection.

4.0 What people told us about the service

At the time of the inspection no residents were accommodated in the respite unit; one resident was at the day centre and a further respite resident was due to arrive later that afternoon. The inspector met with senior care staff and the Manager. Staff expressed satisfaction with how the home was managed. They said that they had the appropriate training to look after residents and meet their needs. Staff spoken with stated they had a good relationship with the families of residents who attend for respite care.

One staff member told us "I love it here, it's not like coming to work".

Four questionnaires were returned from residents; the residents comments included; "Hanna Street is very good" , "I like coming to Hanna Street for respite, I like the staff " and "I like Hanna Street, I like Chinese on a Friday night."

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 5 April 2023		
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)		Validation of compliance
Area for Improvement 1 Ref: Standard 33 Stated: First time	The registered person shall ensure that written confirmation of all new residents' medicines is obtained from the prescriber at or prior to admission to the home.	Carried forward to the next inspection
	Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.	

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. A range of essential training topics was delivered either through eLearning, face to face or practical sessions. Records showed good compliance with training and the manager had good oversight of all staff training compliance.

A matrix system was in place for staff supervision and appraisals to record staff names and the date that the supervision/appraisal had taken place.

There was a system in place to monitor that all relevant staff were registered with the Northern Ireland Social Care Council (NISCC).

Senior care staff who take charge of the home in the absence of the manager had completed relevant competency and capability assessments.

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

Staff told us that there was good team work, that they felt well supported in their role and that the residents' needs and wishes were very important to them

5.2.2 Care Delivery and Record Keeping

The care records for residents were kept securely to ensure that they were confidential. The records were written in a professional manner and used language which was respectful of residents.

Review of the care records for an identified resident evidenced the care plans were developed in consultation with the resident, their next of kin and their key worker to direct staff on how to meet their needs. The resident's wishes, interests and preferences were reflected in care records. The care records accurately reflected the resident's needs.

The manager confirmed that there was regular consultation with the multi-disciplinary team and that the resident's needs were kept under regular review.

The manager told us that there were few residents using the respite service who were at risk of falls. The manager completes an audit of accidents or incidents in the home each month and this includes falls. The audit looks for any patterns or trends and considers actions to reduce the likelihood of further accidents happening. The Manager and staff were aware of how they could get professional advice from medical or trust staff, if necessary.

We discussed mealtimes for the respite residents. The staff told us the residents were encouraged to contribute to menu planning.

5.2.3 Management of the Environment and Infection Prevention and Control

Observation of the home's environment evidenced that the home was warm, clean and well maintained. The two respite bedrooms were examined. The rooms contained the required equipment to facilitate residents who may use these rooms.

Fire safety measures were in place and well managed to ensure residents, staff and visitors to the home were safe. Staff were aware of their training in these areas and how to respond to any concerns or risks.

5.2.4 Quality of Life for Residents

The manager advised the residents are encouraged to join in with planned activities dependant on their likes and dislikes and staff make every effort to make them feel welcome.

There are two lounge areas where residents can spend time relaxing or watching TV. The home recently renovated the available outside space, a seating area is available for use by the residents and the garden is decorated with seasonal plants and gnomes. An enclosed covered area also houses a pool table which the residents enjoy using.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection.

Discussion with the manager identified that one of the respite beds has been used since February 2023 for resident who requires a longer term residential care placement as opposed to a respite episode or short break stay. The needs of this resident was discussed and Hanna Street is appropriately meeting their identified care needs. Further discussion with the Manager identified that the statement of purpose for the home required updating to reflect this change. This was appropriately addressed by the Manager and the statement of purpose now reflects the accessibility of the beds within Hanna Street for more long term care if this an assessed need.

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 evidence of auditing across various aspects of care and services provided by the home.

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. It was established that good systems and processes were in place to manage the safeguarding and protection of vulnerable adults.

There was a system in place to manage complaints. There was evidence that the manager ensured that complaints were managed correctly.

A review of accidents and incidents records found that these were well managed and reported appropriately.

The manager maintained records of regular staff meetings. The records contained an attendance list and the agenda items discussed. Meeting minutes were available for those staff who could not attend.

Staff commented positively about the manager described her as so supportive, approachable and always available for guidance. Discussion with the manager and staff confirmed that there were good working relationships between staff and management.

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 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 are available for review by patients, their representatives, the Trust and RQIA.

6.0 Quality Improvement Plan/Areas for Improvement

This care inspection resulted in no areas for improvement being identified.

An area for improvement has been identified where action is required to ensure compliance with: The Residential Care Homes' Minimum Standards (December 2022) (Version 1:2).

	Regulations	Standards
Total number of Areas for Improvement	0	1*

*The total number of areas for improvement includes one area under the standards which has been carried forward for review at a future inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Barbara Mc Garrity, Registered Manager. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 33 Stated: First time To be completed by: Ongoing from the date of inspection (5 April 2023)	The registered person shall ensure that written confirmation of all new residents' medicines is obtained from the prescriber at or prior to admission to the home. Ref: 5.1 Action required to ensure compliance with this standard was not reviewed as part of this inspection and this is carried forward to the next inspection.



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