

Inspection Report

24 November 2022



Hanna Street

Type of Service: Residential Care Home
Address: 8 Hanna Street, York Road, Belfast, BT15 1GQ
Tel No: 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

Organisation: Belfast HSC Trust Responsible Individual: Dr Catherine Jack	Registered Manager: Mrs Barbara McGarrity Date registered: 1 April 2005
Person in charge at the time of inspection: Julie Campbell – Senior support worker	Number of registered places: 2
Categories of care: Residential Care (RC) LD – Learning disability. LD(E) – Learning disability – over 65 years.	Number of residents accommodated in the residential care home on the day of this inspection: 0
Brief description of the accommodation/how the service operates: 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.	

2.0 Inspection summary

An unannounced inspection took place on 24 November 2022, from 10.00 am to 12.15 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.

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.

In preparation for this inspection, a range of information about the service was reviewed to help us plan the inspection.

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 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 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, 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. The manager advised how the respite residents' placements were being phased back slowly as the service had only recently reopened following the Covid pandemic. The manager also advised that communication with families was very positive and families were grateful for the reopening of this facility.

We received two questionnaires from residents who had used the respite service recently. All two completed questionnaires contained positive comments about Hanna Street. Both the residents commented, "I am very happy to be back in Hanna Street, it's great".

Staff said that they were satisfied with staffing levels and communication in the home. They said that the manager was very approachable.

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 care inspection to Hanna Street on 26 March 2021 identified no areas for improvement.

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. An overview of staff compliance with mandatory training was maintained and staff were reminded when training was due.

Review of records provided assurances that all staff were registered with the Northern Ireland Social Care Council (NISCC).

The staff duty rota accurately reflected 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.

Staff said that their training needs were met, they were satisfied with staffing levels and teamwork was good.

5.2.2 Care Delivery and Record Keeping

Review of care records for regular respite users evidenced that 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. Any advice or directions by other healthcare professionals was included in the assessments and care plans which were regularly reviewed by staff. The care records accurately reflected the residents' needs.

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

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

We discussed mealtimes for the respite residents. The staff told us the residents were encouraged to contribute to menu planning. The recommendations of the speech and language therapist (SALT) were followed if required. The planned menus were varied.

Staff encouraged and supported the residents to make healthy choices and to ensure fresh fruit and vegetables were incorporated into the mealtimes.

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 the respite rooms. One of the bedrooms is undergoing redecoration.

We observed a communal bathroom being used to store some additional equipment. This was discussed with the manager who agreed to move the identified equipment.

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 respite 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 also has a fish tank and we were told how the residents enjoy looking after the fish.

5.2.5 Management and Governance Arrangements

There has been no change in the management of the home since the last inspection. Mrs Barbara McGarrity has been the registered manager of the home since 1 April 2005. Staff members 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.

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.

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

There was a system in place to manage complaints. The manager said that complaints were seen as an opportunity to for the team to learn and improve.

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 with action plans included where required.

7.0 Quality Improvement Plan/Areas for Improvement

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Barbara McGarrity, manager, as part of the inspection process and can be found in the main body of the report.

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The Regulation and Quality Improvement Authority

7th Floor, Victoria House
15-27 Gloucester Street
Belfast
BT1 4LS

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
Twitter @RQIANews

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