

Inspection Report

Name of Service: 80 Malone Road
Provider: Belfast Health and Social Care Trust
Date of Inspection: 25 February 2025

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

1.0 Service information

Organisation/Registered Provider:	Belfast Health and Social Care Trust
Responsible Individual:	Mrs Maureen Edwards
Registered Manager:	Mrs Victoria Dornan
Service Profile – This home is a registered residential care home which provides health and social care for up to 12 residents living with a learning disability. Residents' bedrooms are located ground floor and the lower floor of the home. There are a range of communal areas throughout the home and residents have access to an enclosed garden.	

2.0 Inspection summary

An unannounced inspection took place on 25 February 2025, from 9.05 am to 4.05 pm by care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards; and to assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 17 July 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established that compassionate care was delivered to residents and that the home was well led. Details and examples of the inspection findings can be found in the main body of the report.

Residents said that living in the home was a good experience. Residents unable to voice their opinions were observed to be relaxed and comfortable in their surroundings and in their interactions with staff. Refer to Section 3.2 for more details.

As a result of this inspection 18 areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have been stated again or carried forward and will be reviewed at the next inspection. Full details, including new areas for improvement identified, can be found in the main body of this report and in the quality improvement plan (QIP) in Section 4.

3.0 The inspection

3.1 How we Inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how the home was performing against the regulations and standards, at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the 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 resident's, relatives, staff or the commissioning trust.

Throughout the inspection process inspectors seek the views of those living, working and visiting the home; and review/examine a sample of records to evidence how the home is performing in relation to the regulations and standards.

Through actively listening to a broad range of service users, RQIA aims to ensure that the lived experience is reflected in our inspection reports and quality improvement plans.

3.2 What people told us about the service

Residents spoke positively about their experience of life in the home; they said they felt well looked after by the staff who were helpful and friendly. Residents' comments included: "The staff take me shopping on a Wednesday. I don't want to spend time outside but I enjoy shopping", "I love the sausage rolls," and "I am happy here. I have good friends here. They made me a friendship bracelet. There is nice food. I like a cup of tea and I got a card on Valentine's day."

Staff spoken with said that 80 Malone Road was a good place to work. Staff commented positively about the manager and described them as supportive and approachable. Staff comments included, "I have seen improvements, we have a newer staff team", "We are trying to do everything correctly and are supporting the agency staff", "We work as a team. Everyone knows what they are supposed to do. We are all allocated. It is important that the residents are happy", "Things have improved so much and it is lovely to see the improvements. We have a brilliant staff team" and "We have seen a lot of improvement. The residents and staff are so happy and it's the residents we do it for."

We did not receive any questionnaire responses from residents or their visitors. Two responses from staff were received to the online survey. Responses from both staff members indicated that they were either satisfied or very satisfied across all areas of care delivery and management.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction, regular staff training and ensuring that the number and skill of staff on duty each day meets the needs of residents. There was evidence of robust systems in place to manage staffing.

Observation of the delivery of care evidenced that residents' needs were met by the number and skills of the staff on duty.

It was noted that there was enough staff in the home to respond to the needs of the residents in a timely way; and to provide residents with a choice on how they wished to spend their day. It was observed that staff responded to requests for assistance promptly in a caring and compassionate manner.

3.3.2 Quality of Life and Care Delivery

Staff met at the beginning of each shift to discuss any changes in the needs of the residents. Staff were knowledgeable of individual residents' needs, their daily routine wishes and preferences.

Staff were observed to be prompt in recognising residents' needs and any early signs of distress or illness, including those residents who had difficulty in making their wishes or feelings known. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs. One resident was anxious at the presence of an unfamiliar visitor in the home and staff reassured the resident and put them at ease.

It was observed that staff respected residents' privacy by their actions such as knocking on doors before entering, discussing residents' care in a confidential manner, and by offering personal care to residents discreetly. Staff were also observed offering resident choice in how and where they spent their day or how they wanted to engage socially with others.

Examination of records regarding the management of falls evidenced that these were not consistently managed in keeping with best practice guidance. Review of two falls confirmed that care plans and risk assessments had not been updated post fall and there was no evidence that one of the residents was appropriately monitored for signs and symptoms of a head injury. Improvements were noted in relation to staff seeking medical advice and daily progress notes commented on the status of the resident following an unwitnessed fall. An area for improvement identified at the previous two care inspection was stated for a third time and final time. Failure to meet this area for improvement may lead to enforcement action.

The dining experience was an opportunity for residents to socialise, the atmosphere was calm, relaxed and unhurried. It was observed that residents were enjoying their meal and their dining experience. It was clear/evident/observed that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

The importance of engaging with residents was well understood by the manager and staff although further work is required to ensure staff understand that meaningful activity is not isolated to the planned social events or games.

Review of care records evidenced that life story work with residents and their families helped to increase staff knowledge of their residents' interests and enabled staff to engage in a more meaningful way with their residents throughout the day. However, no weekly programme of social events was displayed on the noticeboard or shared with residents/families/staff advising of future events.

Staff spoke of events such as visits to the Grand Opera House in Belfast, aromatherapy and confirmed art takes place every Tuesday. Photos were displayed of residents previously enjoying activities such as movie night, bowls, arts and crafts and karaoke. The activity co-ordinator has been seconded to another role some time ago and no one had been identified to lead on activity provision. Records reviewed did not evidence meaningful activities were delivered on a regular basis. This was discussed with management who confirmed activities had been delivered in the home although improvements were required in record keeping. An area for improvement was identified.

3.3.3 Management of Care Records

Residents' needs were assessed by a suitably qualified member of staff at the time of their admission to the home. Following this initial assessment care plans were developed to direct staff on how to meet residents' needs and included any advice or recommendations made by other healthcare professionals.

Residents care records were held confidentially.

Care records were person centred, well maintained, regularly reviewed and updated to ensure they continued to meet the residents' needs. Care staff recorded regular evaluations about the delivery of care. Residents, where possible, were involved in planning their own care and the details of care plans were shared with residents' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment Control

The home was clean, tidy and well maintained internally. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable.

Works were ongoing to install a staff call systems throughout the home. The manager anticipated these works would be completed within weeks. An area for improvement in relation to this was carried forward for review at the next care inspection.

An uneven surface was observed on a section of footpath at the rear of the building; this was highlighted at the previous two care inspections. Garden maintenance works are ongoing although the trip hazard had not been addressed. Rotting wood was also noted on a walk way in the garden which could also cause residents, visitors or staff to fall. The manager confirmed this has been escalated to the estates team to address and a further update would be shared with RQIA without delay from senior management in the Belfast Health and Social Care Trust.

An area for improvement in relation to this was carried forward for review at the next care inspection, however a new area for improvement was identified to ensure a time bound refurbishment plan in respect of these works is submitted to RQIA for review and comment.

Concerns about the management of risks to the health, safety and wellbeing of residents, staff and visitors to the home were identified. For example, cleaning chemicals were unsupervised and accessible to residents on two occasions allowing potential resident access to substances hazardous to health. These matters were discussed with staff who took immediate action. An area for improvement were identified.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Mrs Victoria Dornan has been the Manager in this home since 22 August 2022.

Staff commented positively about the manager and management team and described them as supportive, approachable and able to provide guidance.

There was evidence that a system of auditing was in place to monitor the quality of care and other services provided to residents. The manager or delegated staff members completed regular audits to quality assure care delivery and service provision within the home. Further improvements were required in relation to managerial oversight of management of falls. An area for improvement was made.

4.0 Quality Improvement Plan/Areas for Improvement

Areas for improvement have been identified where action is required to ensure compliance with Regulations and Standards.

	Regulations	Standards
Total number of Areas for Improvement	5*	3*

*The total number of areas for improvement includes one that has been stated for a second time and three which are carried forward for review at the next inspection.

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Victoria Dornan, Registered Manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Quality Improvement Plan	
Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (1) (a) (b) Stated: First time To be completed by: Immediate action required 17 July 2024	<p>The registered person shall ensure that a suitable call bell system is installed throughout the home in order that staff and residents can appropriately summon assistance if and when required.</p> <p>A formal protocol, to guide staff in the absence of a suitable system and to provide for residents who can summon help using a call bell system, should be developed and put into operation until a suitable system has been installed.</p> <p>Ref: 2.0</p>
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 2 Ref: Regulation 13 (7) Stated: Second time To be completed by: 17 July 2024	<p>The registered person shall ensure that the infection prevention and control issues identified on inspection are managed to minimise the risk and spread of infection.</p> <p>This area for improvement relates to the following:</p> <ul style="list-style-type: none"> • donning and doffing of personal protective equipment • appropriate use of personal protective equipment • staff knowledge and practice regarding hand hygiene. <p>Ref: 2.0</p>
	Action required to ensure compliance with this regulation was not reviewed as part of this inspection and this is carried forward to the next inspection.
Area for improvement 3 Ref: Regulation 13 (1) (a) (b) Stated: Third time To be completed by: 25 February 2025	<p>The registered person shall ensure that staff manage falls in keeping with best practice.</p> <p>Ref: 2.0 and 3.3.2</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered person shall ensure that all staff have knowledge and understanding of the post falls protocol, and how to complete, along with further actions required such as updating care plans and risk assessments. This will be managed via supervision, team meetings and daily handovers</p>

<p>Area for improvement 4</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: First time</p> <p>To be completed by: 25 February 2025</p>	<p>The registered person shall ensure that all areas of the home to which residents have access are free from hazards to their safety.</p> <p>Ref: 3.3.4</p>
<p>Area for improvement 5</p> <p>Ref: Regulation 27 (2) (d)</p> <p>Stated: First time</p> <p>To be completed by: 25 February 2025</p>	<p>Response by registered person detailing the actions taken:</p> <p>The registered person shall ensure that all staff, including domestic staff, have knowledge and updated training regarding safe storage of chemicals, and other items which may present a hazard to residents and staff. This will be managed via environmental audits and daily walkarounds, being completed by senior staff and management</p>
<p>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</p>	
<p>Area for improvement 1</p> <p>Ref: Standard 27.5</p> <p>Stated: Second time</p> <p>To be completed by: 1 September 2024</p>	<p>The registered person shall ensure that the grounds to the home are kept tidy and safe.</p> <p>Ref: 2.0</p> <p>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.</p>
<p>Area for improvement 2</p> <p>Ref: Standard 11</p> <p>Stated: First time</p>	<p>The registered person shall ensure activities are planned and provided to provide structure to the resident's day. Accurate records should be maintained to evidence meaningful engagement and activity provision.</p> <p>Ref: 3.3.2</p>

<p>To be completed by: 25 February 2025</p>	<p>Response by registered person detailing the actions taken: The registered person shall ensure that an activity schedule is visible within the home, to reflect meaningful engagement and activity provision, taking into account resident's needs and wishes on a day to day basis, which will also be evidenced in daily records</p>
<p>Area for improvement 3 Ref: Standard 20.10 Stated: First time</p>	<p>The registered person shall review the home's current audit processes relating to oversight of falls management to ensure they are effective. Ref: 3.3.5</p>
<p>To be completed by: 25 February 2025</p>	<p>Response by registered person detailing the actions taken: The registered person shall ensure that the Manager's audit system within the home includes falls, and post falls protocols along with actions, to ensure all appropriate steps have been taken, for safety of residents. The Manager and Deputy Manager will ensure to review actions following any fall, and will complete the 24 hour post fall conclusion.</p>

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