

Inspection Report

Name of Service: 80 Malone Road

Provider: Belfast Health and Social Care Trust

Date of Inspection: 21 August 2025

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

1.0 Service information

Registered Provider:	Belfast Health and Social Care Trust
Responsible Individual:	Mrs Maureen Edwards
Registered Manager:	Mrs Marion Molloy – not registered
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 21 August 2025 from 10.00 am to 4.30 pm by a care inspector.

The inspection was undertaken to evidence how the home is performing in relation to the regulations and standards and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

It was evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and well trained to deliver safe and effective care. 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.

While we found care to be delivered in a compassionate manner, a number of areas for improvements were identified to ensure the effectiveness and oversight of certain aspects of care delivery, including; management of risk, management of the environment, cleaning of resident equipment and the governance arrangements relating to the home environment.

As a result of this inspection six 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 residents, 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. Inspectors will also observe care delivery and may conduct a formal structured observation during the inspection.

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

Observations of residents found that they appeared content in their environment and in their interactions with staff. Residents were able to make their own choices and decisions, where possible. 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. Comments included: "I love it here. The staff are lovely", "The staff are nice" and "I'm doing ok."

Relatives commented positively about the overall provision of care within the home. Comments included: "It's a nice home. I am happy with the care" and "We come a few times a week. We have no concerns. We know our loved one is well looked after."

One visiting professional said, "We have a good relationship with the staff who know the residents very well and have a good rapport with them."

Staff were found to be knowledgeable of residents' needs and preferences and they were able to provide support and reassurance to residents, when required. Staff spoken with said that the care provided to residents was important to them and was of a good standard. Staff were observed to be very vigilant and attentive to residents, particularly when trying to redirect them.

Staff said that the manager was very approachable, that teamwork was good and that they were supported in their role. Staff comments included: "Things have definitely settled down, not as much agency used. I love taking the residents out and adore working with them."

One response was received to the staff online survey from a staff member who indicated a high level of satisfaction with the care provided within the home.

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.

Staff said there was good team work and that they felt well supported in their role. Staff were always available and responded promptly to residents' needs. Staff knew what they were required to do each day in order to ensure they met the needs of the residents.

The staff duty rota reflected the staff working in the home on a daily basis and clearly identified the person in charge when the manager was not on duty. Observation of the delivery of care during the inspection evidenced that the levels and skill mix of staff on duty met residents' needs.

3.3.2 Quality of Life and Care Delivery

Staff were observed to be prompt in recognising residents' needs and any early signs of distress, 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. Staff were also observed offering residents choice in how and where they spent their day.

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 interactions with residents were observed to be polite, friendly, warm and supportive and the atmosphere was calm and pleasant. Observations of the staff and resident's interactions found staff to be reassuring and compassionate.

At times some residents may live in a unit that is secure in order to keep them safe or may have other restrictions in place. This deprivation of their liberty was reflected in their care plans.

Examination of records and discussion with staff regarding the management of falls confirmed that staff had sufficient knowledge to manage falls in keeping with best practice guidance.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Residents may need a range of support with meals; this may include simple encouragement through to full assistance from staff and their diet modified. Staff were knowledgeable in relation to the residents' specific needs in relation to nutrition.

The importance of engaging with residents was well understood by the staff. Staff knew and understood residents' preferences and wishes and helped residents to participate in planned activities or to relax.

Activities for residents were provided which included both group and one to one activities. For those residents who preferred not to participate in the planned activity, staff were observed sitting with them, engaging in discussion, playing games or going for a walk. Residents also had opportunities to listen to music or watch television or engage in their own preferred activities. An activity planner displayed highlighted events such as sing along, hand massage, table top games, arts and crafts, shopping story time, lunch outings, magic tricks and music by DJ James.

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. The details of care plans were shared with residents' relatives, if this was appropriate.

3.3.4 Quality and Management of Residents' Environment

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

However, shortfalls were identified regarding the upkeep of the home environment. Surface damage was evident throughout the home to multiple walls, dado rail and doorframes, while cupboards were required to be replaced in the laundry. Remedial works were required. In addition, concerns regarding the cleaning of resident equipment were identified. Cleaning records completed by staff stated that equipment had been cleaned. However, a number of rollators, standing aids and wheelchairs were dusty or dirty. Areas for improvement were identified.

Garden maintenance works are ongoing to address a trip hazard at the rear of the home and to make the area more inviting for residents. 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.

It was observed that internal structural changes had been made to an area on the lower ground floor, although review of records confirmed a variation application had not been received by RQIA. This was discussed with the manager who arranged for this to be submitted retrospectively to the RQIA registration team. This will be reviewed by the aligned estates inspector.

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 stored in an unlocked cupboard in the laundry; this area is accessible to residents allowing potential access to substances hazardous to health. This was discussed during the previous care inspection and suitable locks had not been fitted to the cupboard. An area for improvement was stated for a second time.

All staff were in receipt of up-to-date training in fire safety. Fire safety records were appropriately maintained with up-to-date fire safety checks of the environment and fire safety drills.

A small number of shortfalls in individual staff practice with infection prevention and control (IPC) practices were discussed with the manager who agreed to monitor this through their audit processes and arrange additional training and supervisions if required.

3.3.5 Quality of Management Systems

There has been a change in the management of the home since the last inspection. Mrs Marion Molloy has been the manager in this home since 16 June 2025.

Staff spoke positively about the managerial arrangements in the home, saying there was good support and availability.

Review of a sample of records evidenced that a system for reviewing the quality of care, other services and staff practices was in place. Delegated staff members completed regular audits to quality assure care delivery and service provision within the home. However, improvements are required to the oversight arrangements in relation to the home environment to ensure these drive the necessary improvements. An area for improvement was identified.

There was a system in place to manage any complaints received.

Staff told us that they would have no issue in raising any concerns regarding residents' safety, care practices or the environment. Staff were aware of the departmental authorities that they could contact should they need to escalate further.

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	*3	*2

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

Areas for improvement and details of the Quality Improvement Plan were discussed with Mrs Marion Molloy, Manager, and Mrs Catherine Podris, Service 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	
<p>Area for improvement 1</p> <p>Ref: Regulation 14 (2) (a) (c)</p> <p>Stated: Second time</p> <p>To be completed by: 21 August 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: 2.0 and 3.3.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered manager will ensure all areas in the home which residents have access to are free from hazards to their safety. The registered manager has spoken to the estates department manager to discuss the importance of Regulation 14 as an area of improvement raised for the second time and expected time frames for completion.</p> <p>The request made to estates and associated job number reference was prioritised and completed today 02/10/25, as an immediate action to minimise hazards to service user safety in the home. The newly implemented environmental audit will also provide assurances that all accessible areas in the home are safe from hazards</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (2) (d)</p> <p>Stated: First time</p> <p>To be completed by: 21 August 2025</p>	<p>The registered person shall ensure all parts of the home are reasonably decorated.</p> <p>Ref: 3.3.4</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered manager has included in the environmental audit all areas of the home to ensure they are reasonably decorated .</p> <p>Painting and decorating job requests have been placed with the estates department however remain outstanding at present. A meeting has been requested with estates manager to discuss the challenges faced with outstanding works and agree a timely action plan .</p>

<p>Area for improvement 3</p> <p>Ref: Regulation 17 (1)</p> <p>Stated: First time</p> <p>To be completed by: 21 August 2025</p>	<p>The registered person shall review the home's current audit processes relating to the environment to ensure they are effective.</p> <p>Ref: 3.3.5</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The registered manager has implemented a new environmental audit tool which clearly identifies all areas in the home and includes what actions are required. The manager will undertake this audit in the home on a monthly basis to ensure it is effective and responsive to areas requiring improvement. The environmental audit will be reviewed monthly with the assistant services manager during supervision and any actions or requests outstanding will be raised with estates to ensure there are no barriers contributing to completion.</p> <p>This is in place with immediate effect.</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 and 3.3.4</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>To be completed by: 21 August 2025</p>	<p>The registered person shall ensure that resident equipment is kept clean at all times. Appropriate records should be maintained which evidence managerial oversight.</p> <p>Ref: 3.3.4</p> <p>Response by registered person detailing the actions taken:</p> <p>The registered manager will ensure that resident equipment is kept clean at all times and a record is maintained which evidences managerial oversight.</p>

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