

# Inspection Report

**Name of Service:** 611 Ormeau Road  
**Provider:** Belfast Health and Social Care Trust  
**Date of Inspection:** 26 June 2025

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

## 1.0 Service information

<b>Organisation/Registered Provider:</b>	Belfast Health and Social Care Trust (BHSCT)
<b>Responsible Individual:</b>	Mrs Maureen Edwards
<b>Registered Manager:</b>	Ms Charlene McLaughlin
<p><b>Service Profile –</b>            This home is a registered residential care home which provides health and social care for up to 13 residents who have a diagnosis of a learning disability. Two of the 13 registered places are used for short term respite breaks for people who live in the community.</p> <p>Residents have access to communal lounges, bathrooms, a dining room and an enclosed garden area.</p>	

## 2.0 Inspection summary

An unannounced inspection took place on 26 June 2025, between 9.10 am and 4.00 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 assess progress with the areas for improvement identified, by RQIA, during the last care inspection on 22 October 2024; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection found that safe, effective and 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.

It was established 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 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.

As a result of this inspection four areas for improvement were assessed as having been addressed by the provider. Other areas for improvement have either been stated again or 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. 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**

Residents described staff as "nice" and "so good." Residents spoken with said that they were happy living in the home. Comments included, "I like it here, everything is going well," and "the staff talk to us, they help me with my shopping."

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could choose when they wished to have their meal and what daily activity they wished to attend.

Staff said that they enjoyed working in 611 Ormeau Road, staff comments included, "this is a good team, we work well together," and "the residents are well cared for, I have no concerns." Some staff raised concerns regarding domestic staffing levels, this is further discussed in section 3.3.1.

A contractor carrying out work in the home told us that the staff in the home were, "very accommodating and friendly," he also confirmed that all interactions that he had witnessed between staff and residents were always "very positive and supportive."

No additional feedback was received from residents, relatives or staff following the inspection.

### **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 care staff on duty.

Staff said there was good team work and that they felt well supported in their role, however staff did raise concerns regarding domestic staffing levels. This was discussed with the management team and assurances were provided that staffing levels would be reviewed. Given these assurances an area for improvement was not identified at this time and this will be reviewed at a future inspection.

The kitchen and domestic rota was not available for inspection, given the concerns raised regarding domestic staff levels in the home this was discussed with the manager and an area for improvement was identified.

#### **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. For example, one resident appeared to become unsettled as the day progressed. Staff were observed using encouragement and respectful humour to support them to relax.

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 residents choice in how and where they spent their day or how they wanted to engage socially with others.

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.

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 that staff had made an effort to ensure residents were comfortable, had a pleasant experience and had a meal that they enjoyed.

At times some residents may require the use of equipment that could be considered restrictive or they may live in a unit that is secure to keep them safe. It was established that safe systems were in place to safeguard residents and to manage this aspect of care.

Examination of care records and discussion with the manager confirmed that the risk of falling and falls were well managed and referrals were made to other healthcare professionals as needed.

Review of records and discussion with residents confirmed that residents were encouraged to participate in regular residents' meetings which provided an opportunity for them to comment on aspects of the running of the home. For example, planning activities and menu choices.

The importance of engaging with residents was well understood by the manager and staff. Staff understood that meaningful activity was not isolated to the planned social events or games. The programme of social events was displayed on the noticeboard advising of future events.

Life story work with residents 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.

Arrangements were in place to meet residents' social, religious and spiritual needs within the home.

### **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. For example, residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were suitably furnished, warm and comfortable. However, areas of the home, for example bedrooms and the large lounge area were in need of redecoration, the manager confirmed that there was a plan in place to address this. This will be reviewed at a future inspection.

There was evidence that systems and processes were in place to manage infection prevention and control which included policies and procedures and regular monitoring of the environment and staff practice to ensure compliance.

Review of records and discussion with the manager confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home was safe to live in, work in and visit. However, actions from the fire risk assessment had still not been completed within the required time frame. An area for improvement was stated for a second time. In addition to this some staff had not attended fire drill training within the required timeframe, an area for improvement was identified.

**3.3.5 Quality of Management Systems**

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

Staff commented positively about the manager and described her as supportive, approachable and able to provide guidance. One staff member said, “the manager always there for us, she is very helpful.”

Review of a sample of records evidenced that a robust system for reviewing the quality of care, other services and staff practices was in place. There was evidence that the manager responded to any concerns, raised with them or by their processes, and took measures to improve practice, the environment and/or the quality of services provided by the home.

Compliments to the home were shared with the staff team, one compliment referred to the “help and support” provided by the home and thanked the home for allowing them to “visit any time.”

**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
<b>Total number of Areas for Improvement</b>	1*	2

\* the total number of areas for improvement includes one regulation that has been stated for a second time.

Areas for improvement and details of the Quality Improvement Plan were discussed with the management team, as part of the inspection process. The timescales for completion commence from the date of inspection.

<b>Quality Improvement Plan</b>	
<b>Action required to ensure compliance with The Residential Care Homes Regulations (Northern Ireland) 2005</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Regulation 27 (4) (a)  <b>Stated:</b> Second time  <b>To be completed by:</b> 31 July 2025	<p>The registered person shall ensure that all actions from the most recent fire risk assessment are completed in a timely manner.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b>            The registered manager has been in consultation with Fire Officer in relation to completion of actions within recent fire risk assessment.            Fire officer informed Manager that a programme of work is in place for community Learning disability services and scheduled work will be completed regarding outstanding actions in fire risk assessment</p>
<b>Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)</b>	
<b>Area for improvement 1</b>  <b>Ref:</b> Standard 25.6  <b>Stated:</b> First time  <b>To be completed by:</b> 26 June 2025	<p>The registered person shall ensure that a record is kept of all staff working over a 24-hour period and the capacity in which they worked.</p> <p>Ref: 3.3.1</p> <p><b>Response by registered person detailing the actions taken:</b>            The registered Manager has a record of all staff working over a 24 hours period and the capacity in which they work, documented on service rota. Rota also located within kitchen area.</p>
<b>Area for improvement 2</b>  <b>Ref:</b> Standard 29.6  <b>Stated:</b> First time  <b>To be completed by:</b> 31 August 2025	<p>The registered person shall ensure that all staff participate in a fire evacuation drill at least once a year.</p> <p>Ref: 3.3.4</p> <p><b>Response by registered person detailing the actions taken:</b>            The Registered Manager has a schedule in place to ensure all support staff participate in a Fire evacuation drill annually.</p>

*\*Please ensure this document is completed in full and returned via the Web Portal\**



## The Regulation and Quality Improvement Authority

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