

Inspection Report

Name of Service: 611 Ormeau Road
Provider: Belfast HSC Trust
Date of Inspection: 22 October 2024

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 HSC Trust
Responsible Individual:	Maureen Edwards – not registered
Registered Manager:	Ms Charlene McLaughlin
Service Profile –	
<p>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 22 October 2024, between 10.00 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 21 August 2023; and to determine if the home is delivering safe, effective and compassionate care and if the service is well led.

The inspection established 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 evident that staff promoted the dignity and well-being of residents and that staff were knowledgeable and 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 two areas for improvement were assessed as having been addressed by the provider. One area for improvement was stated for a second time. 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 said that living in the home was "very good". Residents spoken with said that they only had positive things to say about living in the home. Comments included, "yes, I am very happy here, the staff are nice," and "the staff are all good workers, it is very good here."

One resident told us, "The staff keep me company, and give me lots of choice."

Discussion with residents confirmed that they were able to choose how they spent their day. For example, residents could have a lie in or stay up late to watch TV.

Residents' relatives told us that they were very happy with the care provided. One relative said, "the staff are all very friendly and welcoming, there is good communication," and another relative told us, "the staff are excellent, they keep me informed there is good continuity of care here."

A professional visiting the home told us, "the feedback I get is very positive, the staff seem to have good relationships with the residents, this is a very personable home."

No questionnaires were received from residents', relatives or visitors. No responses were received from the staff online survey.

3.3 Inspection findings

3.3.1 Staffing Arrangements

Safe staffing begins at the point of recruitment and continues through to staff induction 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.

Review of the training matrix highlighted that mandatory training with regards to the Mental Capacity Act had not been updated with in the required time frame. Training in relation to the specific health care needs of a resident had also not been completed. Two areas for improvement were identified.

Staff said there was good team work and that they felt well supported in their role and that they were satisfied with the staffing levels. Observation of the delivery of care evidenced that residents' needs were met compassionately by the number and skills of the staff on duty.

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 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. For example, staff were observed supporting and reassuring a resident who was anxious due to various meetings that were taking place in the home on the day of the inspection. Staff were skilled in communicating with residents; they were respectful, understanding and sensitive to residents' needs.

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 offered residents choice in how and where they spent their day or how they wanted to engage socially with others. Staff supported residents to participate in their yearly review meeting and in their chosen activity such as going to the shops or model building.

An activity planner was not available or displayed to inform residents of the activities available. Care staff spoken with said that activities will happen when they have time or if there is an extra member of staff on duty. Following the inspection, the manager provided RQIA with an activity planner for the month of October; and an area for improvement was identified.

The importance of engaging with residents was well understood by the manager and staff. Residents meeting were held on the first Sunday of every month, where residents had the opportunity to discuss, menu planning, complaints and compliment's and any other issues that they wished to raise.

Where a resident was at risk of falling, measures to reduce this risk were put in place. Risk assessments in relation to falls were regularly reviewed.

Good nutrition and a positive dining experience are important to the health and social wellbeing of residents. Observation of the lunchtime meal, review of records and discussion with residents, staff and the manager indicated that there were robust systems in place to manage residents' nutrition and mealtime experience. The food served smelt and looked appetising and nutritious, there was a wide variety of choice for the residents based on their likes and dislikes.

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.

Resident's 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

The home was clean, tidy and well maintained. Residents' bedrooms were personalised with items important to the resident. Bedrooms and communal areas were well decorated, suitably furnished, warm and comfortable. The communal areas had 'homely' touches such as residents own art work and crafts.

Review of records confirmed that environmental and safety checks were carried out, as required on a regular basis, to ensure the home's was safe to live in, work in and visit.

There were systems and processes in place to monitor and ensure effective infection prevention and control measures in the home.

The latest fire risk assessment was completed on 24 July 2024, and some actions from this fire risk assessment had yet to be completed. An area for improvement was identified.

There was no call bells or suitable alternative system in place for residents and staff to request assistance if and when required. An area for improvement was stated for a second time.

3.3.5 Quality of Management Systems

There has been no change in the management of the home since the last inspection. Ms Charlene McLaughlin has been the manager in this home since 13 March 2024.

Residents, their relatives and staff commented positively about both the manager and the deputy manager and described them as very supportive and always available to them.

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 management team 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.

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	2*	3*

* 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.

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 13 (1) (a) (b)</p> <p>Stated: Second time</p> <p>To be completed by: Immediate action required</p>	<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>Ref: 5.2.3</p> <p>Response by registered person detailing the actions taken: Previously sourced call bell system identified as not fit for purpose. New call bell system required additional funding from finance. This has now been procured and the registered manager has gained assurance from alarm company that the call system will be fitted by the end of March 2025.</p>
<p>Area for improvement 2</p> <p>Ref: Regulation 27 (4) (a)</p> <p>Stated: First time</p> <p>To be completed by: 22 October 2024</p>	<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>Response by registered person detailing the actions taken: The registered manager has been in consultation with Fire Officer in relation to completion of actions within recent fire risk assessment.</p>

	Fire officer informed Manager that a programme of work is in place for community Learning disability services and scheduled work will be completed in the new financial year (April 2025) regarding outstanding actions in fire risk assessment.
Action required to ensure compliance with the Residential Care Homes Minimum Standards (December 2022) (Version 1:2)	
Area for improvement 1 Ref: Standard 23.3 Stated: First time To be completed by: 30 November 2024	The registered person shall ensure that staff complete their mandatory training in relation to the Mental Capacity Act. Ref: 3.3.1 Response by registered person detailing the actions taken: The registered manager can confirm that all staff in service have completed their mandatory training in relation to the Mental Capacity Act.
Area for improvement 2 Ref: Standard 23.4 Stated: First time To be completed by: 31 January 2025	The Registered Person shall ensure arrangements are in place to meet the training needs of individual staff in line with their roles and responsibilities. This area for improvement relates to training specific to resident's care needs. Ref: 3.3.1 Response by registered person detailing the actions taken: The registered manager is sourcing bespoke training for staff from Trust respiratory team regarding specific residents care needs for CPAP machine. This type of training is not within the learning and development training programmes. This has been allocated to the respiratory team to facilitate. While awaiting face to face training, staff will watch video tutorial on best practice re: CPAP machine. Face to face Training will not be available until January 2025.
Area for improvement 3 Ref: Standard13 Stated: First time To be completed by: 31 October 2024	The registered person shall ensure that a programme of activities is planned and displayed in an appropriate location so that residents and their representatives' know what is scheduled. Ref: 3.3.2 Response by registered person detailing the actions taken: The registered manager has a programme of activities in place and in a location all residents and representatives can view. Discussed with residents during monthly residents meetings and updated when required.

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



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